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14 Attorneys for The Roman Catholic Archbishop of  
San Francisco

15 UNITED STATES BANKRUPTCY COURT

16 NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION  
17

18 In re  
19 THE ROMAN CATHOLIC ARCHBISHOP  
OF SAN FRANCISCO,

20 Debtor and  
21 Debtor in Possession.  
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Case No. 23-30564

Chapter 11

**DEBTOR'S STATUS UPDATE  
REGARDING MOTION FOR ORDER:  
(1) FIXING TIME FOR FILING PROOFS  
OF CLAIM; (2) APPROVING PROOF OF  
CLAIM FORMS; (3) PROVIDING  
CONFIDENTIAL PROTOCOLS; AND  
(4) APPROVING FORM AND MANNER  
OF NOTICE**

Judge: Hon. Dennis Montali  
Date: November 9, 2023  
Time: 1:30 p.m.  
Place: Via ZoomGov

1 The Roman Catholic Archbishop of San Francisco, the debtor and debtor in possession (the  
2 “RCASF” or the “Debtor”), in the above-captioned chapter 11 case (the “Bankruptcy Case”),  
3 submits this status report (the “Report”) in response to the *Debtor’s Motion for Order: (1) Fixing*  
4 *Time for Filing Proofs of Claim; (2) Approving Proof of Claim Forms; (3) Providing Confidential*  
5 *Protocols; and (4) Approving Form and Manner of Notice* filed on October 19, 2023, as ECF No.  
6 220 (the “Motion”);<sup>1</sup> the *Committee’s Limited Objection to Debtor’s Motion for Order: (1) Fixing*  
7 *Time for Filing Proofs of Claim; (2) Approving Proof of Claim Forms; (3) Providing Confidential*  
8 *Protocols; and (4) Approving Form and Manner of Notice* [ECF No. 273] (the “Committee Limited  
9 Objection”); the *Limited Objection and Reservation of Rights of Certain Insurers Regarding*  
10 *Debtor’s Bar Date Motion* [ECF No. 274] (the “Insurers’ Limited Objection”); and the *Preliminary*  
11 *Comments on Motion Regarding Claims Bar Dates, Etc.* [ECF No. 287] issued by the Court (the  
12 “Preliminary Comments”), and other informal comments.

13 **I.**

14 **SUMMARY OF ONGOING DISCUSSIONS WITH CERTAIN PARTIES IN INTEREST**

15 After the Debtor filed the Motion, but before the Court issued the Preliminary Comments,  
16 the Debtor continued its efforts to meet and confer with and provide revised the claim forms to (1)  
17 the UST; (2) the Committee; and (3) the Insurers regarding the Debtor’s request for relief by the  
18 Motion. After meeting and conferring with these parties in interest and in response to the  
19 Preliminary Comments, the Debtor seeks entry of the revised form of proposed order attached as  
20 Exhibit 1 to this Report (the “Revised Proposed Order”) and approval of the revised forms of the  
21 (a) General Proof of Claim Form (as attached as Exhibit 2 to this Report, the “Revised General Proof  
22 of Claim Form”); (b) Survivor Proof of Claim Form (as attached as Exhibit 3 to this Report, the  
23 “Revised Survivor Proof of Claim Form”), (c) Survivor Claim Bar Date Notice (as attached as  
24 Exhibit 4 to this Report, the “Revised Survivor Claim Bar Date Notice”), and (d) Confidentiality  
25 Agreement (as attached as Exhibit 5 to this Report, the “Revised Confidentiality Agreement”).  
26 While the Debtor anticipates that the form of General Bar Date Notice and Publication Notice each  
27

28 <sup>1</sup> Capitalized terms not otherwise defined in this Motion shall have the same meanings given to  
them in the Motion.

1 will incorporate the date the Court ultimately establishes as the Bar Date (rather than January 12,  
2 2024, as requested in the Motion), the Debtor is not submitting a revised form of General Bar Date  
3 Notice or Publication Notice at this time for the sake of simplicity.

4 **A. UST's Comments on the Motion**

5 The UST has minimal comments on the Debtor's request for relief. Specifically, the UST  
6 requested that the Debtor (1) revise the proposed order to be consistent with the Motion regarding  
7 the service of the notice of the bar dates within five days of entry of any order on the Motion and  
8 (2) seek Court approval of electronic signatures by general claimants and Survivor Claimants, via  
9 DocuSign and similar electronic signature services. In response, the Debtor agreed to seek Court  
10 approval of electronic signatures by general and Survivor Claimants but explained that a ten-day  
11 deadline to give notice of the bar dates ultimately fixed by the Court would ensure that the Debtor  
12 timely and accurately abides by the Court's order on the Motion. The Debtor is not aware that the  
13 UST opposes a ten-day period for the Debtor to comply with the Court's ultimate order on the  
14 Motion.

15 **B. Committee's Limited Objection to the Motion**

16 The Debtor and the Committee met and conferred multiple times before the Committee filed  
17 the Committee Limited Objection. The Debtor has reviewed the Committee's comments on the  
18 proposed form of order on the Motion and the proposed form of Survivor Claim Form (including  
19 the optional Confidential Survivor Supplement), carefully considered the Committee's comments  
20 and the Committee Limited Objection, and made many of the revisions requested by the Committee.  
21 Each of the Revised Proposed Order, Revised Survivor Proof of Claim, Revised Survivor Bar Date  
22 Notice and the Revised Confidentiality Agreement incorporates those revisions requested by the  
23 Committee that the Debtor determined were appropriate to make. The Debtor has given due weight  
24 and consideration to the Committee's comments and requests, and this is demonstrated by the  
25 changes made, for example, to Part 3 of the Confidential Survivor Supplement, where the Debtor  
26 has revised the articulation of questions (b) through (i) at the Committee's urging. Similarly, the  
27 Debtor has considered the Committee's request that the Debtor agree that any voluntarily completed  
28 Confidential Survivor Supplements will not be used during the claim objections process, in the spirit

1 of obtaining more participation from Survivor Claimants in submitting completed Confidential  
2 Survivor Supplements rather than requiring the Debtor to pursue necessary information through  
3 potentially costly and taxing discovery.

4 The Debtor believes that the only issue outstanding may be the Committee's issues regarding  
5 access to confidential information.

6 **C. Limited Objection and Reservation of Rights of Certain Insurers Regarding the**  
7 **Motion**

8 Similarly, the Debtor considered the Insurer's Limited Objection filed by Century Indemnity  
9 Company, Pacific Indemnity Company, and Westchester Fire Insurance Company, Certain  
10 Underwriters at Lloyd's, London and Certain London Market Companies, Continental Casualty  
11 Company, Westport Insurance Corporation, Chicago Insurance Company and Fireman's Fund  
12 Insurance Company, First State Insurance Company, and Appalachian Insurance Company  
13 (collectively, the "Objecting Insurers"). The Debtor also provided updated revised proposed order  
14 and survivor forms negotiated with the Committee. Just as the Debtor considered the Committee's  
15 comments on the relief requested by the Motion, the Debtor has reviewed and carefully considered  
16 the Objecting Insurers' comments and the Insurer Limited Objection. Each of the Revised Proposed  
17 Order, Revised Survivor Proof of Claim, Revised Survivor Bar Date Notice and the Revised  
18 Confidentiality Agreement incorporates those revisions requested by the Objecting Insurers that the  
19 Debtor determined were appropriate to make. As to those comments or revisions that the Debtor  
20 has not addressed, the Debtor seeks the Court's guidance as the Debtor believes its requests for relief  
21 are appropriate and should be granted.

22 **D. Request for Judicial Notice**

23 Concurrent with the filing of this Report, the Debtor is filing its request that the Court take  
24 judicial notice of certain orders and notices filed in the chapter 11 bankruptcy case of The Roman  
25 Catholic Bishop of Oakland pending in the United States Bankruptcy Court for the Northern District  
26 of California, Oakland Division, and assigned case no. 23-40523 (the "Oakland Case") and the  
27 chapter 11 bankruptcy case of The Roman Catholic Bishop of Santa Rosa pending in the United  
28 States Bankruptcy Court for the Northern District of California, Santa Rosa Division, and assigned

1 case no. 23-10113 (the “Santa Rosa Case”). Specifically, the Debtors separately request that the  
2 Court take judicial notice of that (1) *Order Establishing Deadlines for Filing Proofs of Claim and*  
3 *Approving the Form and Manner of Notice Thereof*, and (2) *Notice of Filing of Further Revised*  
4 *Exhibits to Bar Date Order*, each filed in the Oakland Case, at ECF Nos. 285 and 293, respectively;  
5 and (3) *Order: (1) Fixing Time for Filing Proofs of Claim; (2) Approving Proof of Claim Forms;*  
6 *(3) Providing Confidential Protocols; and (4) Approving Form and Manner of Notice* entered in the  
7 Santa Rosa Case, at ECF No. 327. The Debtor will request that the Court take judicial notice of  
8 these documents for the convenience of the Court and other parties in interest.

## 9 II.

### 10 CONCLUSION

11 WHEREFORE, the Debtor respectfully requests that the Court enter an order, in  
12 substantially the revised proposed form attached to this Report as Exhibit 1, and grant the Motion  
13 as follows:

- 14 1. Establishing a Claims Bar Date of February 20, 2024;
- 15 2. Establishing a Government Bar Date of February 20, 2024;
- 16 3. Approving the revised form of proposed General Proof of Claim Form (Exhibit 2 to  
17 this Report);
- 18 4. Approving the revised form of proposed Survivor Proof of Claim Form and optional  
19 Confidential Survivor Supplement (Exhibit 3 to this Report);
- 20 5. Approving the revised form of proposed procedures for maintaining the  
21 confidentiality of proofs of claim filed in connection with Survivor Claims as set forth in this  
22 Motion, including the proposed confidentiality agreement (Exhibit 5 to this Report);
- 23 6. Approving the revised form of proposed Survivor Claims Bar Date Notice (Exhibit  
24 4 to this Report);
- 25 7. Approving the revised form of proposed Publication Notice (Exhibit 6 to this  
26 Report);

8. Approving the form of proposed General Bar Date Notice (Exhibit 5 to the Motion, to be updated to include final Bar Date fixed by the Court and any other modifications required by the Court);

9. Approving the proposed procedure for giving notice and publication of the Bar Dates as proposed by the Debtor in the Motion;

10. Authorizing the Debtor to pay the reasonable publication expenses described in the motion; and

11. Granting such other relief as the Court deems just and proper under the circumstances.

Dated: November 8, 2023

FELDERSTEIN FITZGERALD WILLOUGHBY  
PASCUZZI & RIOS LLP

By */s/ Paul J. Pascuzzi*

PAUL J. PASCUZZI  
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THOMAS R. PHINNEY  
Attorneys for The Roman Catholic  
Archbishop of San Francisco

Dated: November 8, 2023

SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

By */s/ Ori Katz*

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Archbishop of San Francisco

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**Exhibit 1**  
(Revised Form of Proposed Order)

**EXHIBIT 1**  
**(PROPOSED ORDER)**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

In re

THE ROMAN CATHOLIC ARCHBISHOP  
OF SAN FRANCISCO,

Debtor and  
Debtor in Possession.

Case No. 23-30564

Chapter 11

**[PROPOSED] ORDER: (1) FIXING TIME  
FOR FILING PROOFS OF CLAIM;  
(2) APPROVING PROOF OF CLAIM  
FORMS; (3) PROVIDING CONFIDENTIAL  
PROTOCOLS; AND (4) APPROVING  
FORM AND MANNER OF NOTICE**

Judge: Hon. Dennis Montali

Date: November 9, 2023

Time: 1:30 p.m.

Place: Via ZoomGov

On November 9, 2023 at 1:30 p.m., the Court held a hearing, on regular notice, on the *Debtor's Motion for Order: (1) Fixing Time for Filing Proofs of Claim; (2) Approving Proof of Claim Forms; (3) Providing Confidential Protocols; and (4) Approving Form and Manner of Notice* ECF No. 220 (the "Motion")<sup>1</sup> filed by The Roman Catholic Archbishop of San Francisco, the debtor and debtor in possession in the above-captioned case (the "RCASF" or the "Debtor"). The Debtor appeared through its counsel, [Paul J. Pascuzzi and Ori Katz]. All other appearances were noted on the record.

The Court having reviewed and considered the Motion, the *Committee's Limited Objection to Debtor's Motion for Order: (1) Fixing Time for Filing Proofs of Claim; (2) Approving Proof of Claim Forms; (3) Providing Confidential Protocols; and (4) Approving Form and Manner of Notice* [ECF No. 273] (the "Committee's Objection"); and the *Limited Objection and Reservation of Rights*

<sup>1</sup> Capitalized terms not otherwise defined in this Bar Date Order shall have the same meanings ascribed to them in the Motion.



1 of *Certain Insurers Regarding Debtor's Bar Date Motion* [ECF No. 274] (the "Insurers'  
2 Objection"), the status report filed by the Debtor [ECF No. •], the arguments of counsel at the  
3 hearing; and the Court finding good cause to grant the relief requested by the Motion under  
4 Bankruptcy Code sections 501, 502, and 503, Bankruptcy Rules 2002, 3001-3005 and 9008 and  
5 Bankruptcy Local Rule 3003-1; the Court further finding that notice given of the Motion was  
6 appropriate under the circumstances;

7 IT IS HEREBY ORDERED as follows:

8 1. The Motion is granted, as set forth herein.

9 2. The comments set forth in paragraphs V, VI, and X of the *Preliminary Comments on*  
10 *Motion Regarding Claims Bar Dates, Etc.* [ECF No. 287] issued by this Court on November 6,  
11 2023 (the "Preliminary Comments"), are incorporated in this Order by reference, and the  
12 Committee's Objection and the Insurers' Objection are overruled, in part, on the grounds  
13 articulated in paragraphs V, VI, and X of the Preliminary Comments.

14 3. The General Proof of Claim Form, the Confidential Survivor Proof of Claim Form  
15 including the Official Form 410 and separate optional Confidential Survivor Supplement, the  
16 Confidentiality Agreement, the General Bar Date Notice, the Survivor Claim Bar Date Notice and  
17 the Publication Notice, substantially in the modified forms attached hereto as Exhibits A, B, C, D,  
18 E, and F, respectively, and the manner of providing notice of the Bar Date proposed in the Motion,  
19 are approved in all respects under Bankruptcy Rules 2002, 3003 and 9008 and Bankruptcy Local  
20 Rule 3003-1. The form and manner of notice of the Bar Date approved by this Order (the "Bar  
21 Date Order") are deemed to fulfill the notice requirements of the Bankruptcy Rules and the  
22 Bankruptcy Local Rules, and notice of the Bar Date in the form and manner proposed by the Debtor  
23 is fair and reasonable and will provide good, sufficient, and due notice to all creditors and interest  
24 holders of their rights and obligations in connection with claims they may assert against the  
25 Debtor's estate in this chapter 11 case. Accordingly, the Debtor is authorized to serve and publish  
26 the Bar Date Notices in the manner described in this Order.

1           4.       Except as provided in paragraph 6 of this Bar Date Order, any person or entity  
2 holding a prepetition claim against the Debtor must file a proof of claim in accordance with the  
3 procedures described herein on or before February 20, 2024 (the “Bar Date”). The Bar Date applies  
4 to all persons and entities holding claims, including section 503(b)(9) claims, against the Debtor  
5 (whether secured, unsecured priority, or unsecured nonpriority) that arose prior to or on the Petition  
6 Date.

7           5.       Except as provided in paragraph 6 of this Bar Date Order, in accordance with  
8 Bankruptcy Code section 502(b)(9), any governmental unit holding a prepetition claim against the  
9 Debtor must file a proof of claim in accordance with the procedures described herein on or before  
10 the Bar Date, including governmental units holding claims against the Debtor for unpaid taxes,  
11 whether such claims arise from prepetition tax years or periods or prepetition transactions to which  
12 the Debtor was a party.<sup>2</sup>

13           6.       Except as provided in paragraph 6 of this Bar Date Order, any person or entity  
14 holding a prepetition claim arising from Abuse (defined below) for which the individual believes  
15 the Debtor may be liable, must file a Confidential Survivor Proof of Claim Official Form 410 and  
16 may file the separate optional Confidential Survivor Supplement in accordance with the procedures  
17 described in this Bar Date Order on or before February 20, 2024. For purposes of this Bar Date  
18 Order:

19                   (a)       “Abuse” means conduct giving rise to a Survivor Claim.

20                   (b)       A “Survivor Claim” is defined as any Claim (as defined in Bankruptcy Code  
21 section 101(5)) against RCASF resulting or arising or related to in whole or  
22 in part, directly or indirectly from any actual or alleged sexual conduct or  
23 misconduct, grooming, sexual abuse or molestation, indecent assault and/or  
24 battery, rape, pedophilia, ephebophilia, or sexually-related physical,  
25 psychological, or emotional harm, or contacts, or interactions of a sexual  
26 nature between a child and an adult, or a nonconsenting adult and another  
27 adult, sexual assault, sexual battery, sexual psychological or emotional abuse,  
humiliation, intimidation, any other conduct constituting a sexual offense, or  
any other sexual misconduct, and seeking monetary damages or any other  
relief based upon the conduct described above, under any theory of liability,  
including, but not limited to, vicarious liability, any negligence-based theory,  
conspiracy, fraudulent concealment, intentional tort, continuing tort, public  
nuisance, invasion of privacy, breach of alleged duties imposed by The

28 <sup>2</sup> As used herein, the term “government unit” has the meaning given to it in Bankruptcy Code  
section 101(27).

1 Charter for the Protection of Children and Young People, Canon Law or other  
2 Catholic Church documents or principles, contribution, indemnity, or any  
3 other theory based on any acts or failures to act by the RCASF or any other  
4 person or entity for whose acts or failures to act the RCASF is or may be  
5 responsible, including but not limited to, claims against clergy, deacons,  
6 seminarians, employees, teachers, or volunteers. Survivor Claim includes all  
7 claims for Childhood Sexual Assaults, as that term is defined by California  
8 Code of Civil Procedure section 340.1(d).

9 (c) A “Survivor Claimant” is a person who asserts a Survivor Claim.

10 7. The following entities whose claims otherwise would be subject to the Bar Date shall  
11 not be required to file proofs of claim in this chapter 11 case:

- 12 (a) Any person or entity that has already properly filed a proof of claim against  
13 the Debtor with the Clerk of the Court for the United States Bankruptcy Court  
14 for the Northern District of California or with Omni Agent Solutions, Inc.
- 15 (b) Any person or entity: (i) whose claim is listed in the Schedules or any  
16 amendments thereto, and (ii) whose claim is not described therein as  
17 “disputed,” “contingent,” or “unliquidated,” and (iii) which does not dispute  
18 the amount or classification of its claim as set forth in the Schedules;
- 19 (c) Professionals retained pursuant to orders of this Court who assert  
20 administrative claims for payment of fees and expenses subject to the Court’s  
21 approval under Bankruptcy Code sections 330, 331(a) and 503(b);
- 22 (d) Any person or entity that asserts an administrative expense claim against the  
23 Debtor under Bankruptcy Code sections 503(b)(1) through (8);
- 24 (e) Any person or entity whose claim has been paid in full; and
- 25 (f) The United States Trustee regarding a claim for quarterly fees under 28  
26 U.S.C. § 1930(a)(6).

27 8. The Debtor shall retain the right to: (i) dispute, or assert offsets or defenses against,  
28 any filed claim or any claim listed or reflected in the Schedules as to nature, amount, liability,  
29 classification or otherwise; and (ii) subsequently designate any claim as disputed, contingent or  
30 unliquidated.

31 9. Subject to the provisions of paragraph 6 of this Bar Date Order, the following entities  
32 must file a proof of claim on or before the applicable Bar Date:

- 33 (a) Any entity or person whose prepetition claim against the Debtor is not listed  
34 in the Debtor’s Schedules or whose prepetition claim is listed in the  
35 Schedules but is listed as disputed, contingent or unliquidated and that desires  
36 to participate in this chapter 11 case or share in any distribution in this chapter  
37 11 case;

1  
2 (b) Any entity or person that believes that its prepetition claim is improperly  
3 classified in the Schedules or is listed in an incorrect amount and that desires  
4 to have its claim allowed in a classification or amount other than that  
5 identified in the Schedules; and

6 (c) Any person who believes that he or she has or may have a Survivor Claim for  
7 which the person believes the Debtor may be liable.

8  
9 10. Pursuant to Bankruptcy Rule 3003(c)(2), **any entity that is required to file a proof  
10 of claim in this chapter 11 case pursuant to the Bankruptcy Code, the Bankruptcy Rules or  
11 this Bar Date Order with respect to a particular claim against the Debtor, but that fails to do  
12 so by the applicable Bar Date, may NOT be treated as a creditor with respect to such claim  
13 for the purposes of voting on and distribution under any chapter 11 plan proposed and/or  
14 confirmed in this case.**

15 11. Within ten business days of the entry of this Bar Date Order, and except as provided  
16 in paragraph 11 below concerning Survivor Claims, the Debtor shall serve by United States mail,  
17 first-class postage prepaid upon: (a) all known entities holding potential prepetition claims against  
18 the Debtor, and their counsel (if known); (b) all parties that have requested special notice in this  
19 case; and (c) the United States Trustee, the following documents: (i) General Bar Date Notice  
20 substantially in the form attached as Exhibit D to this Bar Date Order; and (ii) a copy of the Proof  
21 of Claim Form substantially in the form attached as Exhibit A to this Bar Date Order.

22 12. Within ten business days of the entry of this Bar Date Order, the Debtor shall serve  
23 by United States mail, first-class postage prepaid: (i) the Survivor Claim Bar Date Notice  
24 substantially in the form attached as Exhibit E to this Bar Date Order, and (ii) a copy of the  
25 Confidential Survivor Proof of Claim upon all known Survivor Claimants and their counsel (if  
26 known)<sup>3</sup> substantially in the form attached as Exhibit B to this Bar Date Order. In addition, the  
27 Debtor shall request that each Parish and school within the geographic limits of the Archdiocese  
28 provide it access to its contact lists, and as permitted shall mail a copy of the Publication Notice

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<sup>3</sup> If a Survivor Claimant's counsel has appeared in the bankruptcy case on behalf of a Survivor Claimant or provided written consent to Debtor's counsel, the Debtor is authorized to serve the Survivor Claimant's counsel with the Survival Claim Bar Date Notice.

1 substantially similar to the form attached as Exhibit F to each household and address on such  
2 contact list.

3 13. The Debtor also shall make the Bar Date Notices available to the public in the  
4 following manner:

5 (a) The Debtor shall post on the home page of the RCASF's website a copy of the  
6 General Bar Date Notice and General Proof of Claim as well as a copy of the  
7 Survivor Claim Bar Date Notice and the Confidential Survivor Proof of Claim  
8 Form. The Debtor shall promptly request Survivors Network of those Abused  
by Priests, a survivor advocacy group, and BishopAccountability.org, Inc., to  
post the Survivor Claim Bar Date Notice on the website on their respective  
websites.

9 (b) The Debtor shall cause a copy of the notice substantially in the form attached  
10 as Exhibit F to this Bar Date Order (the "Publication Notice"), no smaller  
11 than a 1/8-page advertisement in each newspaper listed in (i) through (iv)  
below, to be published as follows:

12 (i) Once, in English, in the Western edition of *The Wall Street Journal*,  
13 and twice, in English, in the San Francisco region edition of *USA Today*, on the first available, reasonably practical date after entry of  
the Bar Date Order;

14 (ii) Twice each, in English, in the following daily (or near daily)  
15 newspapers, first on the first available, reasonably practical date after  
16 entry of the Bar Date Order and second, approximately one month  
prior to the expiration of the Survivor Claim Bar Date:

*San Francisco Chronicle*;  
*Los Angeles Times*;  
*Alameda Times-Star* (East Bay Times);  
*Contra Costa Times* (East Bay Times);  
*San Mateo Daily Journal* (San Mateo County);  
*Marin Independent Journal* (Marin County);  
*The Mercury News* (San Jose);  
*Santa Cruz Sentinel* (Santa Cruz County);  
*The Sacramento Bee*;  
*Stockton Record* (San Joaquin and Calaveras Counties);  
*Modesto Bee* (Stanislaus and Tuolumne Counties);  
*The Press Democrat* (Sonoma County);  
*The Napa Valley Register* (Napa County);  
*The Ukiah Daily Journal* (Mendocino County);  
*Lake County Record-Bee* (Lake County);  
*Times Standard* (Mendocino County); and  
*Del Norte Triplicate* (Del Norte County).

25 (iii) Twice each, in Spanish, in the *La Opinion de la Bahia* (published  
26 weekly), *La Prensa Sonoma* (published monthly), and *El Leñador*  
27 (published monthly but not during the summer months), first on the  
28 first available, reasonably practical date after entry of the Bar Date  
Order and second, approximately one month prior to the expiration of

1 the Survivor Claim Bar Date.

2 14. Additionally, the Debtor shall use best efforts to cause the Publication Notice to be  
3 to be posted in Chinese on the following websites, beginning on the first available reasonably  
4 practical date after entry of the Bar Date Order at least month prior to the expiration of the Survivor  
5 Claim Bar Date, for a duration of at least one week, each time:

6 <https://www.singtaousa.com>  
7 <https://www.chineseradio.com>

8 15. Additionally, the Debtor shall provide further notice of the Bar Date by taking the  
9 following measures:

- 10 (a) The Debtor will request that each Parish include in the bulletins produced by  
11 the Parishes and missions located within the geographic territory of the  
12 Archdiocese, bi-weekly from the first available date after entry of the Bar  
13 Date Order until the Survivor Claim Bar Date, an announcement that will be  
14 placed in the language in which such Parish or mission conducts Mass  
15 (English or Spanish).
- 16 (b) The Debtor will request each Parish and mission in the Archdiocese to post a  
17 flyer announcing the Survivor Claim Bar Date in a prominent location for at  
18 least six weeks prior to the Survivor Claim Bar Date.
- 19 (c) The Debtor will post the Survivor Claim Bar Date and information on how  
20 to obtain and submit a Confidential Survivor Proof of Claim Form at least  
21 once a week for the six weeks prior to Bar Date on the following social media  
22 accounts:

23 <https://twitter.com/ArchdioceseSF>  
24 <https://twitter.com/ArchCordileone>  
25 <https://www.instagram.com/sfarchdiocese>  
26 <https://www.facebook.com/sfarchdiocese>

27 16. The Debtor is authorized, under Bankruptcy Code section 503(b) to pay the costs of  
28 mailing and publication as described herein.

29 17. All Confidential Survivor Proof of Claim Forms shall be treated as confidential in  
30 accordance with the following confidentiality protocols:

- 31 (a) Potential Survivor Claimants are directed not to file a Confidential Survivor  
32 Proof of Claim Form with the Court. Instead, all Confidential Survivor Proof  
33 of Claim Forms are directed to be sent to the Claims Agent in accordance  
34 with the procedures set forth in the Survivor Claim Bar Date Notice. Any  
35 claim that appears to be a Survivor Claim that is filed without an optional  
36 Confidential Survivor Supplement or as a General Claim shall be treated by



1 the Claims Agent as a confidential claim pending resolution of the claimant's  
2 intent regarding confidential treatment of such claim.

3 (b) Confidential Survivor Proof of Claim Forms submitted by Survivor  
4 Claimants will not be available to the general public. The Confidentiality  
5 Protocol is for the benefit of the Survivor Claimants. Accordingly, Survivor  
6 Claimants may elect to make any of the information contained in their own  
7 Confidential Survivor Proof of Claim Form public; provided, however,  
notwithstanding that a Survivor Claimant may disclose information on such  
claimant's Confidential Survivor Proof of Claim, such disclosure shall not  
constitute a waiver of confidentiality and no other party may disclose any  
information from such Confidential Survivor Proof of Claim, except as  
allowed by Permitted Parties, as defined below.

8 (c) Confidential Survivor Proof of Claim Forms submitted by a Survivor  
9 Claimant shall be held and treated as confidential by the Debtor and Debtor's  
professionals and copies thereof shall be provided by the Debtor or Debtor's  
professionals to the parties listed below (the "Permitted Parties") and to such  
10 other persons that may be granted access to the Survivor Proofs of Claim by  
order of the Court. No party (including a Permitted Party) may obtain copies  
11 of Survivor Proofs of Claim unless such party first executes a confidentiality  
agreement substantially in the form attached hereto as Exhibit C (the  
12 "Confidentiality Agreement").<sup>4</sup> Executed Confidentiality Agreements shall  
be provided to counsel to the Committee and the Debtor, who will provide  
13 copies to its insurers, reinsurers of the Debtor, and any other third-party  
administrator of the Debtor's insurance program. Counsel of record in the  
14 above captioned case to any Permitted Parties shall keep confidential and not  
disclose the contents of any Survivor Claim Form except as otherwise  
15 provided by the confidentiality provision herein or order of the court.  
Counsel to the Debtor, each insurer, Permitted Party (as defined below), and  
16 any successor third-party administrator of the Debtor's insurance programs,  
and counsel to the Committee shall only be required to execute a single  
17 Confidentiality Agreement per firm. Access to the Confidential Survivor  
Proof of Claim Form and Conditional Information (defined below)<sup>5</sup> for all  
18 other Permitted Parties shall be restricted to the natural person who executes  
a Confidential Agreement, and a separate Confidentiality Agreement must be  
19 signed by each natural person seeking access to the Conditional Survivor  
Proof of Claim Form on behalf of a Permitted Party.

20 (d) Permitted Parties may use the Survivor Proof of Claims and any Confidential  
21 Information from such Survivor Proof of Claim contained therein, only in  
connection with the evaluation, prosecution or defense of the claims asserted  
22 in such Confidential Survivor Form in the Debtor's Chapter 11 Case; any  
related adversary proceedings or contested matters in the Chapter 11 Case;

23  
24 <sup>4</sup> Notwithstanding paragraph 16(c), the U.S. Trustee shall have full access to the Survivor Proofs  
of Claim without executing a Confidentiality Agreement. All Survivor Proofs of Claim and  
Confidential Information shall be treated as "Records," as that term is defined and used in the  
25 Privacy Act. *See*, 5 U.S.C. § 552a(a)(4).

26 <sup>5</sup> "Confidential Information" means any information contained in a Confidential Survivor Proof of  
Claim Form except to the extent the information was known to the Permitted Party prior to being  
27 disclosed in the Proof of Claim, or become generally available to the public through no act or  
failure on the part of the Permitted Party, is obtained from a third party under no obligation to  
maintain its confidentiality, or developed by the Permitted Party independently without reference  
28 to any Confidential Survivor Proof of Claim Form.

1 any related insurance or reinsurance coverage demands, claims, disputes, or  
2 litigation; and settlement negotiations or mediations regarding all of the  
3 foregoing, and as otherwise required by applicable federal or state laws or  
4 regulations; provided, however, that notwithstanding anything to the contrary  
5 in this Order, Permitted Parties may not use Confidential Information in the  
6 optional Confidential Survivor Supplement for any objections to a Survivor  
Proof of Claim; provided further that the Committee does not concede that a  
Permitted Party is a party in interest in the Chapter 11 Case for purposes of,  
among other things, having standing to object to Confidential Survivor  
Forms, Survivor Claimants and the Committee reserve their rights to oppose  
any Permitted Party's assertion it is a party in interest in the Chapter 11 Case.

7 (e) The Permitted Parties (the "Permitted Party List") are:

- 8 (1) Counsel and other professionals for the Debtor retained pursuant to  
9 an order of the Bankruptcy Court, including partners, counsel,  
10 associates, and employees of such professionals, who are necessary  
11 to assist the Debtor in reviewing and analyzing the Survivor Claims;  
12
- 13 (2) The Archbishop of the Debtor and employees of the Debtor who are  
14 necessary to assist the Archbishop in reviewing and analyzing the  
15 Survivor Claims, except that no individual accused of committing  
16 abuse in a lawsuit or Survivor Claim shall have access to the Survivor  
17 Claims under this paragraph 16(e);  
18
- 19 (3) Counsel and other professionals for the Committee, including  
20 partners, counsel, associates, and employees of such professionals,  
21 who are necessary to assist the Committee in reviewing and analyzing  
22 the Survivor Claims;  
23
- 24 (4) Insurers for the Debtor, together with their successors,  
25 retrocessionaires, reinsurers, reinsurance intermediaries, and their  
26 counsel and other professionals, including partners, counsel,  
27 associates, consultants, experts, and employees of such professionals,  
28 who are necessary to assist the foregoing in reviewing and analyzing  
Survivor Claims;
- (5) Any unknown claims representative appointed pursuant to an order of  
the Court in this case;
- (6) Any mediator appointed pursuant to an order of this Court to mediate  
the terms of a settlement or Plan of reorganization in this case;
- (7) Any special arbitrator/claims reviewer appointed pursuant to an order  
of this court to review and resolve the claims of Survivor Claimants;
- (8) Any trustee, or functional equivalent thereof, appointed to administer  
payments to Survivor Claimants including pursuant to a plan of  
reorganization or a proposed plan of reorganization;
- (9) Members of the Committee and their personal counsel (after the  
Confidential Survivor Proof of Claim Form has been redacted to  
remove the Survivor Claimant's name, address, and any other  
information identified in Part 2(A) of the Confidential Survivor Proof  
of Claim Form and the signature block);



1  
2 (10) Persons who, in addition to those identified above, are permitted  
3 access upon stipulation of the party that produced or disclosed the  
4 affected Survivor Claim, after notice to the counsel to the Debtor,  
Committee and Insurers has been given and a reasonable opportunity  
to object;

5 (11) Such other persons as the Court determines should have the  
6 information in order to evaluate Survivor Claims; provided, however,  
that any such determination shall be made on no less than seven days'  
notice to Survivor Claimants and the Committee.

7 18. For any proof of claim to be validly and properly filed, a signed original<sup>6</sup> and a copy  
8 of the completed proof of claim, together with any accompanying documentation required by  
9 Bankruptcy Rules 3001(c) and 3001(d), must be delivered to Omni Agent Solutions, Inc., the  
10 Debtor's claims agent (the "Claims Agent"), at the address identified on the applicable Bar Date  
11 Notice or electronically filed with the Claims Agent so as to be received by the date as stated on  
12 the applicable Bar Date Notice. Proofs of claim may be submitted in person or by courier service,  
13 hand delivery or U.S. Mail, or electronically. Proofs of claim submitted by facsimile or e-mail  
14 shall not be accepted. Proofs of claim shall be deemed filed when actually received by the Claims  
15 Processing Agent by the applicable Bar Date. If a creditor desires to receive acknowledgement of  
16 receipt of a proof of claim, the creditor also must submit to the Claims Agent by the applicable Bar  
17 Date and concurrently with submitting its original proof of claim: (i) a third copy of the original  
18 proof of claim; and (ii) a self-addressed, stamped return envelope.

19 19. The Debtor is authorized and empowered to take all actions necessary to implement  
20 and enforce the relief granted in this Bar Date Order. Nothing herein prohibits the Committee or  
21 any counsel for an individual claimant from enforcing this Order with respect to the confidentiality  
22 provisions contained herein and all parties rights are reserved as to any such request.

23 20. Nothing contained herein shall constitute a waiver by the Debtor of (a) any defenses  
24 in connection with any General Claims or Survivor Claims that are asserted against the Debtor, or  
25 (b) the right to assert that any General Claims or Survivor Claims are barred by applicable statutes  
26 of limitations.

27  
28 <sup>6</sup> Any proof of claim may be signed using software with electronic signature capabilities, such as  
DocuSign, AdobeSign, VineSign, or similar, reliable program.

1           21.     This Bar Date Order is without prejudice to any request by the Debtor, Committee  
2 or Unknown Claims Representative to modify the Survivor Claim Bar Date.

3           22.     Under Bankruptcy Rule 3002(c)(4), any claim arising from the rejection of an  
4 executory contract or unexpired lease of the Debtor shall be filed within 30 days after such  
5 rejection.

6           23.

7           24.     This Court shall retain jurisdiction over any and all matters arising from or relating  
8 to the implementation, interpretation, enforcement or modification of this Bar Date Order.

9                   **\*\*\*END OF [PROPOSED] ORDER\*\*\***

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**Exhibit 1-A**

(Blackline of Revised Form of Proposed Order Compared Against  
Proposed Order [Ex. 1 to Motion])

**EXHIBIT 1**  
**(PROPOSED ORDER)**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

In re

THE ROMAN CATHOLIC ARCHBISHOP  
OF SAN FRANCISCO,

Debtor and  
Debtor in Possession.

Case No. 23-30564

Chapter 11

**[PROPOSED] ORDER: (1) FIXING TIME  
FOR FILING PROOFS OF CLAIM;  
(2) APPROVING PROOF OF CLAIM  
FORMS; (3) PROVIDING CONFIDENTIAL  
PROTOCOLS; AND (4) APPROVING  
FORM AND MANNER OF NOTICE**

Judge: Hon. Dennis Montali

Date: November 9, 2023

Time: 1:30 p.m.

Place: Via ZoomGov

On ~~\_\_\_\_\_~~ November 9, 2023 at ~~\_\_\_\_\_ a.m./p.m.~~ 1:30 p.m., the Court held a hearing, on ~~regular~~ notice, on the *Debtor's Motion for Order: (1) Fixing Time for Filing Proofs of Claim; (2) Approving Proof of Claim Forms; (3) Providing Confidential Protocols; and (4) Approving Form and Manner of Notice* [ECF No. ~~---~~ 220] (the "Motion")<sup>1</sup> filed by The Roman Catholic Archbishop of San Francisco, the debtor and debtor in possession in the above-captioned case (the "RCASF" or the "Debtor"). The Debtor appeared through its counsel, [Paul J. Pascuzzi and Ori Katz]. All other appearances were noted on the record.

The Court having reviewed and considered the Motion, the Committee's Limited Objection to Debtor's Motion for Order: (1) Fixing Time for Filing Proofs of Claim; (2) Approving Proof of Claim Forms; (3) Providing Confidential Protocols; and (4) Approving Form and Manner of

<sup>1</sup> Capitalized terms not otherwise defined in this Bar Date Order shall have the same meanings ascribed to them in the Motion.

1 Notice [ECF No. 273] (the “Committee’s Objection”); and the *Limited Objection and Reservation*  
2 *of Rights of Certain Insurers Regarding Debtor’s Bar Date Motion* [ECF No. 274] (the “Insurers’  
3 Objection”), the status report filed by the Debtor [ECF No. ●], the arguments of counsel at the  
4 hearing; and the Court finding good cause to grant the relief requested by the Motion under  
5 Bankruptcy Code sections 501, 502, and 503, Bankruptcy Rules 2002, 3001-3005 and 9008 and  
6 ~~Local~~ Bankruptcy Local Rule 3003-1; the Court further finding that notice given of the Motion  
7 was appropriate under the circumstances;

8 IT IS HEREBY ORDERED as follows:

9 1. The Motion is granted, as set forth herein.

10 2. The comments set forth in paragraphs V, VI, and X of the *Preliminary Comments*  
11 *on Motion Regarding Claims Bar Dates, Etc.* [ECF No. 287] issued by this Court on November  
12 6, 2023 (the “Preliminary Comments”), are incorporated in this Order by reference, and the  
13 Committee’s Objection and the Insurers’ Objection are overruled, in part, on the grounds  
14 articulated in paragraphs V, VI, and X of the Preliminary Comments.

15 3. ~~2.~~ The General Proof of Claim Form, the Confidential Survivor Proof of Claim  
16 Form including the Official Form 410 and separate optional Confidential Survivor Supplement,  
17 the Confidentiality Agreement, the General Bar Date Notice, the Survivor Claim Bar Date  
18 Notice, and the Publication Notice, ~~and the Committee Support Letter,~~ substantially in the  
19 modified forms attached hereto as Exhibits A, B, C, D, E, and F, ~~and G,~~ respectively, and the  
20 manner of providing notice of the Bar Date proposed in the Motion, are approved in all respects  
21 under Bankruptcy Rules 2002, 3003 and 9008 and Bankruptcy Local Rule 3003-1. The form and  
22 manner of notice of the Bar Date approved by this Order (the “Bar Date Order”) are deemed to  
23 fulfill the notice requirements of the Bankruptcy Rules and the Bankruptcy Local Rules, and  
24 notice of the Bar Date in the form and manner proposed by the Debtor is fair and reasonable and  
25 will provide good, sufficient, and due notice to all creditors and interest holders of their rights  
26 and obligations in connection with claims they may assert against the Debtor’s estate in this  
27

chapter 11 case. Accordingly, the Debtor is authorized to serve and publish the Bar Date Notices in the manner described in this Order.

4. ~~3.~~ Except as provided in paragraph 6 of this Bar Date Order, any person or entity, ~~other than government units,~~<sup>2</sup> holding a prepetition claim against the Debtor must file a proof of claim in accordance with the procedures described herein on or before ~~January 12~~February 20, 2024 (the “Bar Date”). The Bar Date applies to all persons and entities, ~~other than government units,~~ holding claims, including section 503(b)(9) claims, against the Debtor (whether secured, unsecured priority, or unsecured nonpriority) that arose prior to or on the Petition Date.

5. ~~4.~~ Except as provided in paragraph 6 of this Bar Date Order, in accordance with Bankruptcy Code section 502(b)(9), any governmental unit holding a prepetition claim against the Debtor must file a proof of claim in accordance with the procedures described herein on or before ~~February 20, 2024~~ (the “~~Government~~ Bar Date”), including governmental units holding claims against the Debtor for unpaid taxes, whether such claims arise from prepetition tax years or periods or prepetition transactions to which the Debtor was a party.<sup>2</sup>

6. ~~5.~~ Except as provided in paragraph 6 of this Bar Date Order, any person or entity holding a prepetition claim arising from Abuse (defined below) for which the individual believes the Debtor may be liable, must file a Confidential Survivor Proof of Claim Official Form 410 and may file the separate optional Confidential Survivor Supplement in accordance with the procedures described in this Bar Date Order on or before ~~January 12~~February 20, 2024. For purposes of this Bar Date Order:

- (a) “Abuse” means conduct giving rise to a Survivor Claim.
- (b) A “Survivor Claim” is defined as any Claim (as defined in Bankruptcy Code section 101(5)) against RCASF resulting or arising or related to in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, grooming, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a

<sup>2</sup> ~~As used herein, the term “government unit” has the meaning given to it in Bankruptcy Code section 101(27).~~

<sup>2</sup> As used herein, the term “government unit” has the meaning given to it in Bankruptcy Code section 101(27).

sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, intimidation, any other conduct constituting a sexual offense, or any other sexual misconduct, and seeking monetary damages or any other relief based upon the conduct described above, under any theory of liability, including, but not limited to, vicarious liability, any negligence-based theory, conspiracy, fraudulent concealment, intentional tort, continuing tort, public nuisance, invasion of privacy, breach of alleged duties imposed by The Charter for the Protection of Children and Young People, Canon Law or other Catholic Church documents or principles, contribution, indemnity, or any other theory based on any acts or failures to act by the RCASF or any other person or entity for whose acts or failures to act the RCASF is or may be responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, or volunteers. Survivor Claim includes all claims for Childhood Sexual Assaults, as that term is defined by California Code of Civil Procedure section 340.1(d).

(c) A “Survivor Claimant” is a person who asserts a Survivor Claim.

7. ~~6.~~ The following entities whose claims otherwise would be subject to the Bar Date shall not be required to file proofs of claim in this chapter 11 case:

- (a) ~~(a)~~ Any person or entity that has already properly filed a proof of claim against the Debtor with the Clerk of the Court for the United States Bankruptcy Court for the Northern District of California or with Omni Agent Solutions, Inc.<sup>3</sup>
- (b) Any person or entity: (i) whose claim is listed in the Schedules or any amendments thereto, and (ii) whose claim is not described therein as “disputed,” “contingent,” or “unliquidated,” and (iii) which does not dispute the amount or classification of its claim as set forth in the Schedules;
- (c) Professionals retained pursuant to orders of this Court who assert administrative claims for payment of fees and expenses subject to the Court’s approval under Bankruptcy Code sections 330, 331(a) and 503(b);
- (d) Any person or entity that asserts an administrative expense claim against the Debtor under Bankruptcy Code sections 503(b)(1) through (8);
- (e) Any person or entity whose claim has been paid in full; and
- (f) The United States Trustee regarding a claim for quarterly fees under 28 U.S.C. § 1930(a)(6).

<sup>3</sup> ~~Any Survivor Claimant who timely files a proof of claim without completing the Confidential Survivor Claim Supplement may subsequently be required to provide additional information regarding such Survivor Claim, including the information in the Confidential Survivor Claim Supplement, in connection with the administration of his or her Survivor Claim.~~

1  
2 8. ~~7.~~ The Debtor shall retain the right to: (i) dispute, or assert offsets or defenses  
3 against, any filed claim or any claim listed or reflected in the Schedules as to nature, amount,  
4 liability, classification or otherwise; and (ii) subsequently designate any claim as disputed,  
5 contingent or unliquidated.

6 9. ~~8.~~ Subject to the provisions of paragraph 6 of this Bar Date Order, the following  
7 entities must file a proof of claim on or before the applicable Bar Date:

- 8 (a) Any entity or person whose prepetition claim against the Debtor is not listed  
9 in the Debtor's Schedules or whose prepetition claim is listed in the  
10 Schedules but is listed as disputed, contingent or unliquidated and that  
11 desires to participate in this chapter 11 case or share in any distribution in  
12 this chapter 11 case;
- 13 (b) Any entity or person that believes that its prepetition claim is improperly  
14 classified in the Schedules or is listed in an incorrect amount and that  
15 desires to have its claim allowed in a classification or amount other than  
16 that identified in the Schedules; and
- 17 (c) Any person who believes that he or she has or may have a Survivor Claim  
18 for which the person believes the Debtor may be liable.

19 10. ~~9.~~ Pursuant to Bankruptcy Rule 3003(c)(2), **any entity that is required to file a**  
20 **proof of claim in this chapter 11 case pursuant to the Bankruptcy Code, the Bankruptcy**  
21 **Rules or this Bar Date Order with respect to a particular claim against the Debtor, but that**  
22 **fails to do so by the applicable Bar Date, may NOT be treated as a creditor with respect to**  
23 **such claim for the purposes of voting on and distribution under any chapter 11 plan**  
24 **proposed and/or confirmed in this case.**

25 11. ~~10.~~ Within ten business days of the entry of this Bar Date Order, and except as  
26 provided in paragraph 11 below concerning Survivor Claims, the Debtor shall serve by United  
27 States mail, first-class postage prepaid upon: (a) all known entities holding potential prepetition  
28 claims against the Debtor, and their counsel (if known); (b) all parties that have requested special  
notice in this case; and (c) the United States Trustee, the following documents: (i) General Bar  
Date Notice substantially in the form attached as Exhibit D to this Bar Date Order; and (ii) a copy  
of the Proof of Claim Form substantially in the form attached as Exhibit A to this Bar Date Order.



12. ~~11.~~ Within ten business days of the entry of this Bar Date Order, the Debtor shall serve by United States mail, first-class postage prepaid: (i) the Survivor Claim Bar Date Notice substantially in the form attached as Exhibit E to this Bar Date Order, and (ii) a copy of the Confidential Survivor Proof of Claim upon all known Survivor Claimants and their counsel (if known)<sup>43</sup> substantially in the form attached as Exhibit B to this Bar Date ~~Order, and (iii) a letter from counsel to the Committee substantially in the form attached here as Exhibit G to this Bar Date~~ Order. In addition, the Debtor shall request that each Parish and school within the geographic limits of the Archdiocese provide it access to its contact lists, and as permitted shall mail a copy of the Publication Notice substantially similar to the form attached as Exhibit F to each household and address on such contact list.

13. ~~12.~~ The Debtor also shall make the Bar Date Notices available to the public in the following manner:

- (a) The Debtor shall post on the home page of the RCASF's website a copy of the General Bar Date Notice and General Proof of Claim as well as a copy of the Survivor Claim Bar Date Notice and the Confidential Survivor Proof of Claim Form. The Debtor shall promptly request Survivors Network of those Abused by Priests, a survivor advocacy group, and BishopAccountability.org, Inc., to post the Survivor Claim Bar Date Notice on the website on their respective websites.
- (b) The Debtor shall cause a copy of the notice substantially in the form attached as Exhibit F to this Bar Date Order (the "Publication Notice"), no smaller than a 1/8-page advertisement in each newspaper listed in (i) through (iv) below, to be published as follows:
  - (i) Once, in English, in the Western edition of *The Wall Street Journal*, and twice, in English, in the San Francisco region edition of *USA Today*, on the first available, reasonably practical date after entry of the Bar Date Order;
  - (ii) Twice each, in English, in the following daily (or near daily) newspapers, first on the first available, reasonably practical date after entry of the Bar Date Order and second, approximately one month prior to the expiration of the Survivor Claim Bar Date:

*San Francisco Chronicle;*  
*Los Angeles Times;*  
*Alameda Times-Star* (East Bay Times);

<sup>43</sup> If a Survivor Claimant's counsel has appeared in the bankruptcy case on behalf of a Survivor Claimant or provided written consent to Debtor's counsel, the Debtor is authorized to serve the Survivor Claimant's counsel with the Survival Claim Bar Date Notice.

*Contra Costa Times* (East Bay Times);  
*San Mateo Daily Journal* (San Mateo County);  
*Marin Independent Journal* (Marin County);  
*The Mercury News* (San Jose);  
*Santa Cruz Sentinel* (Santa Cruz County);  
*The Sacramento Bee*;  
*Stockton Record* (San Joaquin and Calaveras Counties);  
*Modesto Bee* (Stanislaus and Tuolumne Counties);  
*The Press Democrat* (Sonoma County);  
*The Napa Valley Register* (Napa County);  
*The Ukiah Daily Journal* (Mendocino County);  
*Lake County Record-Bee* (Lake County);  
*Times Standard* (Mendocino County); and  
*Del Norte Triplicate* (Del Norte County).

- (iii) Twice each, in Spanish, in the *La Opinion de la Bahia* (published weekly), *La Prensa Sonoma* (published monthly), and *El Leñador* (published monthly but not during the summer months), first on the first available, reasonably practical date after entry of the Bar Date Order and second, approximately one month prior to the expiration of the Survivor Claim Bar Date.

14. ~~13.~~ Additionally, the Debtor shall use best efforts to cause the Publication Notice to be to be posted in Chinese on the following websites, beginning on the first available reasonably practical date after entry of the Bar Date Order at least month prior to the expiration of the Survivor Claim Bar Date, for a duration of at least one week, each time:

<https://www.singtaousa.com>  
<https://www.chineseradio.com>

15. ~~14.~~ Additionally, the Debtor shall provide further notice of the Bar Date by taking the following measures:

- (a) The Debtor will request that each Parish include in the bulletins produced by the Parishes and missions located within the geographic territory of the Archdiocese, bi-weekly from the first available date after entry of the Bar Date Order until the Survivor Claim Bar Date, an announcement that will be placed in the language in which such Parish or mission conducts Mass (English or Spanish).
- (b) The Debtor will request each Parish and mission in the Archdiocese to post a flyer announcing the Survivor Claim Bar Date in a prominent location for at least six weeks prior to the Survivor Claim Bar Date.
- (c) The Debtor will post the Survivor Claim Bar Date and information on how to obtain and submit a Confidential Survivor Proof of Claim Form at least once a week for the six weeks prior to Bar Date on the following social media accounts:

<https://twitter.com/ArchdioceseSF>

https://twitter.com/ArchCordileone  
https://www.instagram.com/sfarchdiocese  
https://www.facebook.com/sfarchdiocese

16. ~~15.~~ The Debtor is authorized, under Bankruptcy Code section 503(b) to pay the costs of mailing and publication as described herein.

17. ~~16.~~ All Confidential Survivor Proof of Claim Forms shall be treated as confidential in accordance with the following confidentiality protocols:

- (a) Potential Survivor Claimants are directed not to file a Confidential Survivor Proof of Claim Form with the Court. Instead, all Confidential Survivor Proof of Claim Forms are directed to be sent to the Claims Agent in accordance with the procedures set forth in the Survivor Claim Bar Date Notice. Any claim that appears to be a Survivor Claim that is filed without an optional Confidential Survivor Supplement or as a General Claim shall be treated by the Claims Agent as a confidential claim pending resolution of the claimant's intent regarding confidential treatment of such claim.
- (b) Confidential Survivor Proof of Claim Forms submitted by Survivor Claimants will not be available to the general public. The Confidentiality Protocol is for the benefit of the Survivor Claimants. Accordingly, Survivor Claimants may elect to make any of the information contained in their own Confidential Survivor Proof of Claim Form public; provided, however, notwithstanding that a Survivor Claimant may disclose information on such claimant's Confidential Survivor Proof of Claim, such disclosure shall not constitute a waiver of confidentiality and no other party may disclose any information from such Confidential Survivor Proof of Claim, except as allowed by Permitted Parties, as defined below.
- (c) Confidential Survivor Proof of Claim Forms submitted by a Survivor Claimant shall be held and treated as confidential by the Debtor and Debtor's ~~counsel~~ professionals and copies thereof shall be provided by the Debtor or Debtor's ~~counsel~~ professionals to the parties listed below (the "Permitted Parties") and to such other persons that may be granted access to the Survivor Proofs of Claim by order of the Court. No party (including a Permitted Party) may obtain copies of Survivor Proofs of Claim unless such party first executes a confidentiality agreement substantially in the form attached hereto as Exhibit C (the "Confidentiality Agreement").<sup>54</sup> Executed Confidentiality Agreements shall be provided to counsel to the Committee and the Debtor, who will provide copies to its insurers, reinsurers of the Debtor, and any other third-party administrator of the Debtor's insurance program, ~~and counsel to the Committee.~~ Counsel of record in the above captioned case to any Permitted Parties shall keep confidential and not disclose the contents of any Survivor Claim Form except as otherwise provided by the confidentiality provision herein or order of the court.

<sup>54</sup> Notwithstanding paragraph ~~15~~ 16(c), the U.S. Trustee shall have full access to the Survivor Proofs of Claim without executing a Confidentiality Agreement. All Survivor Proofs of Claim and Confidential Information shall be treated as "Records," as that term is defined and used in the Privacy Act. See, 5 U.S.C. § 552a(a)(4).

Counsel to the Debtor, each insurer, Permitted Party (as defined below), and any successor third-party administrator of the Debtor's insurance programs, and counsel to the Committee shall only be required to execute a single Confidentiality Agreement per firm. Access to the Confidential Survivor Proof of Claim Form and Conditional Information (defined below)<sup>5</sup> for all other Permitted Parties shall be restricted to the natural person who executes a Confidential Agreement, and a separate Confidentiality Agreement must be signed by each natural person seeking access to the Conditional Survivor Proof of Claim Form on behalf of a Permitted Party.

(d) Permitted Parties may use the Survivor Proof of Claims and any Confidential Information from such Survivor Proof of Claim contained therein, only in connection with the evaluation, prosecution or defense of the claims asserted in such Confidential Survivor Form in the Debtor's Chapter 11 Case; any related adversary proceedings or contested matters in the Chapter 11 Case; any related insurance or reinsurance coverage demands, claims, disputes, or litigation; and settlement negotiations or mediations regarding all of the foregoing, and as otherwise required by applicable federal or state laws or regulations; provided, however, that notwithstanding anything to the contrary in this Order, Permitted Parties may not use Confidential Information in the optional Confidential Survivor Supplement for any objections to a Survivor Proof of Claim; provided further that the Committee does not concede that a Permitted Party is a party in interest in the Chapter 11 Case for purposes of, among other things, having standing to object to Confidential Survivor Forms, Survivor Claimants and the Committee reserve their rights to oppose any Permitted Party's assertion it is a party in interest in the Chapter 11 Case.

(e) The Permitted Parties (the "Permitted Party List") ~~include~~are:

- (1) Counsel and other professionals for the Debtor retained pursuant to an order of the Bankruptcy Court, including partners, counsel, associates, and employees of such professionals, who are necessary to assist the Debtor in reviewing and analyzing the Survivor Claims;
- (2) The Archbishop of the Debtor and employees of the Debtor who are necessary to assist the Archbishop in reviewing and analyzing the Survivor Claims, except that no individual accused of committing abuse in a lawsuit or Survivor Claim shall have access to the Survivor Claims under this paragraph 16(e);
- (3) Counsel and other professionals for the Committee, including partners, counsel, associates, and employees of such professionals, who are necessary to assist the Committee in reviewing and analyzing the Survivor Claims;

<sup>5</sup> "Confidential Information" means any information contained in a Confidential Survivor Proof of Claim Form except to the extent the information was known to the Permitted Party prior to being disclosed in the Proof of Claim, or become generally available to the public through no act or failure on the part of the Permitted Party, is obtained from a third party under no obligation to maintain its confidentiality, or developed by the Permitted Party independently without reference to any Confidential Survivor Proof of Claim Form.

- (4) ~~Any insurer~~Insurers for the Debtor, together with ~~its~~their successors, ~~administrators~~, retrocessionaires, reinsurers, reinsurance intermediaries, and their counsel and other professionals, including partners, counsel, associates, consultants, experts, and employees of such professionals, who are necessary to assist the foregoing in reviewing and analyzing Survivor Claims ~~(collectively, the “Insurer Permitted Parties”)~~;
- (5) Any unknown claims representative appointed pursuant to an order of the Court in this case;
- (6) Any mediator appointed pursuant to an order of this Court to mediate the terms of a settlement or Plan of reorganization in this case;
- (7) Any special arbitrator/claims reviewer appointed pursuant to an order of this court to review and resolve the claims of Survivor Claimants;
- (8) Any trustee, or functional equivalent thereof, appointed to administer payments to Survivor Claimants including pursuant to a plan of reorganization or a proposed plan of reorganization;
- (9) Members of the Committee and their personal counsel (after the Confidential Survivor Proof of Claim Form has been redacted to remove the Survivor Claimant’s name, address, and any other information identified in Part 2(A) of the Confidential Survivor Proof of Claim Form and the signature block);
- (10) Persons who, in addition to those identified above, are permitted access upon stipulation of the party that produced or disclosed the affected Survivor Claim, after notice to the counsel to the Debtor, Committee and Insurers has been given and a reasonable opportunity to object;
- (11) Such other persons as the Court determines should have the information in order to evaluate Survivor Claims; provided, however, that any such determination shall be made on no less than seven days’ notice to Survivor Claimants: and the Committee.

18. ~~17.~~ For any proof of claim to be validly and properly filed, a signed original<sup>6</sup> and a copy of the completed proof of claim, together with any accompanying documentation required by Bankruptcy Rules 3001(c) and 3001(d), must be delivered to Omni Agent Solutions, Inc., the Debtor’s claims agent (the “Claims Agent”), at the address identified on the applicable Bar Date Notice or electronically filed with the Claims Agent so as to be received by the date as stated on

<sup>6</sup> Any proof of claim may be signed using software with electronic signature capabilities, such as DocuSign, AdobeSign, VineSign, or similar, reliable program.

1 the applicable Bar Date Notice. Proofs of claim may be submitted in person or by courier  
2 service, hand delivery or U.S. Mail, or electronically. Proofs of claim submitted by facsimile or  
3 e-mail shall not be accepted. Proofs of claim shall be deemed filed when actually received by the  
4 Claims Processing Agent by the applicable Bar Date. If a creditor desires to receive  
5 acknowledgement of receipt of a proof of claim, the creditor also must submit to the Claims  
6 Agent by the applicable Bar Date and concurrently with submitting its original proof of claim:  
7 (i) a third copy of the original proof of claim; and (ii) a self-addressed, stamped return envelope.

8 19. ~~18.~~ The Debtor is authorized and empowered to take all actions necessary to  
9 implement and enforce the relief granted in this Bar Date Order. Nothing herein prohibits the  
10 Committee or any counsel for an individual claimant from enforcing this Order with respect to  
11 the confidentiality provisions contained herein and all parties rights are reserved as to any such  
12 request.

13 20. ~~19.~~ Nothing contained herein shall constitute a waiver by the Debtor of (a) any  
14 defenses in connection with any General Claims or Survivor Claims that are asserted against the  
15 Debtor, or (b) the right to assert that any General Claims or Survivor Claims are barred by  
16 applicable statutes of limitations.

17 21. ~~20.~~ This Bar Date Order is without prejudice to any request by the Debtor,  
18 Committee or Unknown Claims Representative to modify the Survivor Claim Bar Date.

19 22. ~~21.~~ Under Bankruptcy Rule 3002(c)(4), any claim arising from the rejection of an  
20 executory contract or unexpired lease of the Debtor shall be filed within 30 days after such  
21 rejection.

22 ~~22. This Court may modify this Bar Date Order or the claims allowance process to be~~  
23 ~~employed in this Bankruptcy Case if it determines additional information from some or all~~  
24 ~~Survivor Claimants is required to fairly evaluate their Survivor Claims.~~

25 23.

1        24.    ~~23.~~ This Court shall retain jurisdiction over any and all matters arising from or  
2 relating to the implementation, interpretation, enforcement or modification of this Bar Date  
3 Order.

4                                \*\*\*END OF [PROPOSED] ORDER\*\*\*  
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<b>Intelligent Table Comparison:</b> Active	
<b>Original DMS:</b> nd://4859-6307-1103/8/RCASF - Claims Procedures Motion Ex. 1 (Order Approving Claims Procedures).docx	
<b>Modified DMS:</b> nd://4859-6307-1103/11/RCASF - Claims Procedures Motion Ex. 1 (Order Approving Claims Procedures).docx	
<b>Changes:</b>	
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Delete	64
Move From	1
Move To	1
Table Insert	0
Table Delete	0
Table moves to	0
Table moves from	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
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**Exhibit 2**  
(Revised Form of Proposed General Proof of Claim Form)

**Fill in this information to identify the case:**

Debtor 1 The Roman Catholic Archbishop of San Francisco  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Northern District of California  
Case number 23-30564

**THIS PROOF OF CLAIM FORM SHOULD NOT BE FILED OR SUBMITTED BY PARTIES ASSERTING A SURVIVOR PROOF OF CLAIM. SURVIVOR CLAIMANTS SHOULD USE THE CONFIDENTIAL SURVIVOR PROOF OF CLAIM AVAILABLE AT [HTTPS://OMNIAGENTSOLUTIONS.COM/RCASF-SURVIVORCLAIMS](https://omniagentsolutions.com/rcasf-survivorclaims).**

**Official Form 410****Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim****1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim) \_\_\_\_\_  
Other names the creditor used with the debtor \_\_\_\_\_

**2. Has this claim been acquired from someone else?**

☐ No  
☐ Yes. From whom? \_\_\_\_\_

**3. Where should notices and payments to the creditor be sent?**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

**Where should notices to the creditor be sent?**

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_

**Where should payments to the creditor be sent? (if different)**

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

**4. Does this claim amend one already filed?**

☐ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

**5. Do you know if anyone else has filed a proof of claim for this claim?**

☐ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ \_\_\_\_\_ Does this amount include interest or other charges?  
☐ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.
- \_\_\_\_\_

9. Is all or part of the claim secured? ☐ No  
☐ Yes. The claim is secured by a lien on property.
- Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_
- Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_
- Annual Interest Rate** (when case was filed) %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☐ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☐ No  
☐ Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

- ☐ No  
☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  
☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).  
☐ Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).  
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).  
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).  
☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

Print the name of the person who is completing and signing this claim:

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_  
Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

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**Exhibit 2-A**

(Blackline of Revised Form of Proposed General Proof of Claim Form Compared Against  
Proposed General Proof of Claim Form [Ex. 2 to Motion])

Debtor 1 The Roman Catholic Archbishop of San Francisco  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Northern District of California  
Case number 23-30564

**THIS PROOF OF CLAIM FORM SHOULD NOT BE FILED OR SUBMITTED BY PARTIES ASSERTING A SURVIVOR PROOF OF CLAIM. SURVIVOR CLAIMANTS SHOULD USE THE CONFIDENTIAL SURVIVOR PROOF OF CLAIM AVAILABLE AT [HTTPS://OMNIAGENTSOLUTIONS.COM/RCASF-SURVIVORCLAIMS](https://omniagentsolutions.com/rcasf-survivorclaims).**

Official Form 410

## Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Identify the Claim

1.		
Name of the current creditor (the person or entity to be paid for this claim) _____		
Other names the creditor used with the debtor _____		
2.		
acquired from someone else?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. From whom? _____
3.		
payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Name _____	Name _____
	Number _____ Street _____	Number _____ Street _____
	City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
	Contact phone _____	Contact phone _____
	Contact email _____	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4.		
already filed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____
		Filed on _____ MM / DD / YYYY

5. **else has filed a proof  
of claim for this  
claim?** ☐ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Give Information About the Claim as of the Date the Case Was Filed**

6. use to identify the debtor? ☐ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. \$\_\_\_\_\_. Does this amount include interest or other charges?  
☐ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.

\_\_\_\_\_

9. secured? ☐ No  
☐ Yes. The claim is secured by a lien on property.

**Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_

**Annual Interest Rate** (when case was filed) %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☐ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☐ No  
☐ Yes. Identify the property: \_\_\_\_\_



12.  
entitled to priority under  
11 U.S.C. § 507(a)?

☐ No

☐ Yes. Check one:

A claim may be partly  
priority and partly  
nonpriority. For example,  
in some categories, the  
law limits the amount  
entitled to priority.

☐

U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ \_\_\_\_\_

☐

personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐

bankruptcy petition is filed or the debtor's business ends, whichever is earlier.  
11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐

Other. Specify subsection of 11 U.S.C. § 507(a)(\_) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

### Sign Below

The person completing  
this proof of claim must  
sign and date it.  
FRBP 9011(b).

If you file this claim  
electronically, FRBP  
5005(a)(2) authorizes courts  
to establish local rules  
specifying what a signature  
is.

A person who files a  
fraudulent claim could be  
fined up to \$500,000,  
imprisoned for up to 5  
years, or both.  
18 U.S.C. §§ 152, 157, and  
3571.

Check the appropriate box:

☐

I am the creditor.

☐

I am the creditor's attorney or authorized agent.

☐

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

Print the name of the person who is completing and signing this claim:

Name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

Title

Company

\_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

\_\_\_\_\_  
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ZIP Code

Contact phone

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Move From	0
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Embedded Graphics (Visio, ChemDraw, Images etc.)	0
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**Exhibit 3**  
(Revised Form of Proposed Survivor Claim Form)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

In re:	Case No. 23-30564
THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO,	Chapter 11
Debtor and Debtor In Possession.	<b>INSTRUCTIONS TO CONFIDENTIAL SURVIVOR PROOF OF CLAIM AND OPTIONAL CONFIDENTIAL SURVIVOR SUPPLEMENT</b>

**IMPORTANT:**

**PLEASE COMPLETE THIS FORM SO THAT IT IS RECEIVED NO LATER THAN  
FEBRUARY 20, 2024 ("BAR DATE")**

**PLEASE DO NOT FILE THIS DOCUMENT WITH,  
OR SUBMIT IT TO, THE BANKRUPTCY COURT**

This Confidential Survivor Proof of Claim has two separate components: (1) a mandatory three-page "Official Form 410" attached hereto ("Proof of Claim"), and (2) an optional Confidential Survivor Supplement, also attached hereto ("Supplement"). When submitting your Proof of Claim in this case, you are also **strongly encouraged** also to complete the Supplement and include it as an attachment to your Proof of Claim. Submitting the completed Supplement at the outset will help streamline the process of identifying claims and all applicable insurance and expedite distributions to creditors. Filling out this Supplement in full will allow the Debtor and the Committee to understand the facts supporting your sexual abuse claim against the Debtor. This information will be used by the Debtor and the Committee in, among other things, their efforts to consensually resolve the issues in this chapter 11 case. Additionally, providing the information requested in this Supplement may reduce the likelihood that the parties to the bankruptcy case will need to seek more information from you through a deposition, written interrogatories, or other methods of discovery.

Please carefully read the Notice and Instructions that are included with this Confidential Survivor Proof of Claim and respond to all applicable questions to the best of your ability. If you have an attorney, you should complete this form with the assistance of counsel. Send a signed original of the completed Survivor Proof of Claim as follows: If by **mail, hand delivery, or overnight courier**, to: The Roman Catholic Archbishop of San Francisco, c/o Omni Agent Solutions, 5955 De Soto Ave., Suite 100, Woodland Hills, CA 91367, or you may submit a claim **electronically** at:  
<https://omniagentsolutions.com/RCASF-SurvivorClaims>.

**The Confidential Survivor Proof of Claim form must be mailed, delivered or electronically submitted to Omni Agent Solutions Inc. ("Omni") so that it is received no later than February 20, 2024. Please note that a Survivor Proof of Claim Form submitted by facsimile, telecopy or electronic mail transmission will not be accepted and will not be deemed filed.**

**FAILURE TO COMPLETE AND RETURN A PROOF OF CLAIM MAY RESULT IN YOUR INABILITY TO RECEIVE A DISTRIBUTION FROM THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO AKA THE ARCHDIOCESE OF SAN FRANCISCO, REFERRED TO HERE AS THE**

**“ARCHDIOCESE” AND VOTE ON A PLAN OF REORGANIZATION.**

**YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, AND OUTSIDE THE PUBLIC RECORD OF THE BANKRUPTCY COURT. HOWEVER, THIS CONFIDENTIAL SURVIVOR PROOF OF CLAIM AND THE INFORMATION IN THIS CONFIDENTIAL SURVIVOR PROOF OF CLAIM WILL BE PROVIDED TO THE DEBTOR, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, CERTAIN INSURERS OF THE ARCHDIOCESE AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM, ONLY UNDER STRICT, COURT-APPROVED CONFIDENTIALITY GUIDELINES.**

**This Confidential Survivor Proof of Claim is for Survivor Claimants Only.**

For the purposes of this Proof of Claim, a **Survivor Claim** is defined as any Claim (as defined in section 101(5) of the Bankruptcy Code) against the Archdiocese resulting or arising or related to in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, grooming, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, intimidation, any other conduct constituting a sexual offense, or any other sexual misconduct, and seeking monetary damages or any other relief based upon the conduct described above, under any theory of liability, including, but not limited to, vicarious liability, any negligence-based theory, conspiracy, fraudulent concealment, intentional tort, continuing tort, public nuisance, invasion of privacy, breach of alleged duties imposed by The Charter for the Protection of Children and Young People, Canon Law or other Catholic Church documents or principles, contribution, indemnity, or any other theory based on any acts or failures to act by the Archdiocese or any other person or entity for whose acts or failures to act the Archdiocese is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, or volunteers. A Survivor Claim includes all claims for Childhood Sexual Assault, as that term is defined by California Code of Civil Procedure Section 340.1 (d).

A **Survivor Claimant** is defined as the person asserting a Survivor Claim against the Archdiocese, or, if a minor or legally incapacitated adult, then his/her parent or legal guardian or custodian.

Finally, for the purposes of this Proof of Claim, **Abuse** means conduct giving rise to a Survivor Claim.

**To be valid, the Confidential Survivor Proof of Claim must be signed by you or your attorney (if represented by one). If the Survivor Claimant is deceased or incapacitated, the Confidential Survivor Proof of Claim may be signed by the Survivor Claimant’s representative, executor of the estate or the attorney for the estate. If the Survivor Claimant is a minor or legally incapacitated, the Confidential Survivor Proof of Claim may be signed by the Survivor Claimant’s parent or legal guardian or legal custodian, or the Survivor Claimant’s attorney.**

If you need more space to answer any of the below questions, please attach additional sheets of paper and indicate to which question your answer applies.

**Fill in this information to identify the case:**

Debtor 1 The Roman Catholic Archbishop of San Francisco

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of California

Case number 23-30564

**PLEASE DO NOT FILE THIS DOCUMENT WITH, OR SUBMIT IT TO, THE  
BANKRUPTCY COURT**

**Official Form 410**

**Confidential Survivor Proof of Claim**

04/22

**(For Use by Survivor Claimants to Assert Survivor Claims)**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>		
Name of the current creditor (the person or entity to be paid for this claim) _____		
Other names the creditor used with the debtor _____		
<b>2. Has this claim been acquired from someone else?</b>		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes. From whom? _____		
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Name _____	Name _____
	Number _____ Street _____	Number _____ Street _____
	City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
	Contact phone _____	Contact phone _____
	Contact email _____	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		
Filed on _____ MM / DD / YYYY		
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ \_\_\_\_\_ Does this amount include interest or other charges?  
☐ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.
- \_\_\_\_\_

9. Is all or part of the claim secured? ☐ No  
☐ Yes. The claim is secured by a lien on property.
- Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_
- Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_
- Annual Interest Rate** (when case was filed) \_\_\_\_%  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☐ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☐ No  
☐ Yes. Identify the property: \_\_\_\_\_

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☐ Yes. *Check one:*

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

**Amount entitled to priority**

\$ \_\_\_\_\_

☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)(\_\_\_\_) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

**Print the name of the person who is completing and signing this claim:**

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_  
Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

In re:

THE ROMAN CATHOLIC ARCHBISHOP OF  
SAN FRANCISCO,

Debtor and  
Debtor In Possession.

Case No. 23-30564

Chapter 11

**OPTIONAL CONFIDENTIAL SURVIVOR  
SUPPLEMENT TO OFFICIAL FORM 410  
FOR USE BY SURVIVOR CLAIMANTS TO  
ASSERT A SURVIVOR CLAIM**

**DO NOT FILE THIS DOCUMENT WITH THE COURT**

This supplement to Official Form 410 (“Supplement”) is not required to be filed in order for holders of Survivor Claims<sup>1</sup> to be deemed properly submitted. However, the Debtor recommends that any person asserting a Survivor Claim voluntarily complete this form in full and submit it with the Confidential Survivor Proof of Claim (designated “Official Form 410”). Completing this Supplement in full will allow the Debtor to understand the facts supporting your Survivor Claim against the Debtor. This information will be used by the Debtor, the Committee, and other parties in interest bound by strict confidentiality agreements in, among other things, their efforts to consensually resolve the issues in this Bankruptcy Case. Additionally, providing the information requested in this Supplement may reduce the likelihood that parties to the Bankruptcy Case will need to seek more information from you at some later date under more formal procedures (e.g., deposition, written interrogatories, or other methods of discovery).

**PART 1: CONFIDENTIALITY**

The information you share will be kept strictly confidential. This form and the information in it may be provided, pursuant to confidentiality procedures approved by the Bankruptcy Court, to the Archdiocese, certain insurers of the Archdiocese, the Official Committee of Unsecured Creditors, the United States Trustee, and to such other persons as the Bankruptcy Court may authorize. Please be assured that these parties have agreed and are required to keep your information strictly confidential.

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<sup>1</sup> Capitalized terms not defined in this Supplement shall have the same meanings given to them in the Instructions to Confidential Survivor Proof of Claim and Confidential Survivor Supplement provided with this Supplement.

**PART 2: IDENTIFYING INFORMATION**

**A. Survivor Claimant**

First Name	Middle Initial	Last Name	Suffix
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Address (If party is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim. If you are in jail or prison, your current address).

City	State/Prov.	Zip Code (Postal Code)	Country (if other than USA)
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Telephone No(s):  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

If you are in jail or prison, your identification number: \_\_\_\_\_

May we leave voicemails for you regarding your claim? ☐ Yes ☐ No

May we send confidential information to your email: ☐ Yes ☐ No

Birth Date: \_\_\_\_\_  
                    Month           Day    Year

Gender: \_\_\_\_\_

Any other name, or names, by which the Claimant has been known: \_\_\_\_\_

**B. Survivor Claimant's Attorney (if any):**

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Law Firm Name

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Attorney's First Name

Middle Initial

Last Name

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Street Address

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City

State/Prov.

Zip Code (Postal Code)

Country

(If other than U.S.A.)

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Telephone

Fax Number

Email Address

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**PART 3: NATURE OF COMPLAINT**

**(Attach additional sheets if necessary)**

**Note: If you have previously filed a lawsuit against The Roman Catholic Archbishop of San Francisco, also known as Archdiocese of San Francisco ("Archdiocese") in state or federal court, you must attach the complaint. If you did not file a lawsuit, or if the complaint does not contain all of the information requested below, you may provide the information below.**

- **Please fill out this Part 3 for each Archdiocese affiliated perpetrator.**
- a. Who committed the acts of abuse or other wrongful conduct? Please identify the person by complete name(s) or other description of each abuser to the best of your recollection. If you do not know the name(s) of each abuser, please identify them by title, position or other description (for example, approximate age, height, weight, hair color, clothing worn, identifying marks, etc.).

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- b. How did you know the abuser? For example, was the abuser at your church, school or part of another group with which you were involved? Was the abuser a relative or family friend?

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- c. If the abuser was affiliated with a church, parish, school, or Archdiocesan organization, please identify such church, parish, school or organization (please include City or neighborhood if possible).

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- d. Where did the abuse or wrongful conduct take place? Please be specific and provide relevant information, including the names of locations and addresses, to the extent you recall.

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- e. When did the abuse or wrongful conduct take place? Please be as specific as possible, providing exact or approximate date(s), age(s), grade level(s), year(s), months and/or season (spring, summer, fall, winter), to the extent you recall.

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- f. How many times were you abused? If the abuse or wrongful conduct took place more than once, please state how many times it occurred, when the abuse began, how often it occurred, and when it ended, to the extent you remember.

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- g. Please provide a detailed description of the nature of the abuse and what happened (for example, the circumstances and types of sexual abuse). Please use additional pages and attach them to this Proof of Claim, if necessary:

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- h. Were there any witnesses to, or individuals aware of, the abuse? If so, please identify the witnesses and individuals, and their present location, if known.

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- i. Have you told anyone about the abuse or wrongful conduct, even if not in its entirety? If so, who did you tell, when and what did you tell that person (this would include parents; relatives; friends; the Archdiocese; counselors; and law enforcement authorities)? You do not need to disclose any communications you had with your attorney.

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- j. Do you have personal knowledge or reason to believe that the Archdiocese knew or should have known of the abuse? If so, describe how and when the Archdiocese learned of the abuse and details concerning what the Archdiocese was told or observed.

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#### **PART 4: IMPACT OF ABUSE**

(Attach additional sheets if necessary)

*Where more than one perpetrator is alleged, please answer the questions separately as to each perpetrator.*

- a. Please describe in detail what injuries (including physical, mental and/or emotional) have occurred to you because of the act or acts of abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

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- b. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

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### **PART 5: ADDITIONAL INFORMATION**

- a. Prior Bankruptcy Claims: Have you, or has anyone on your behalf, filed any claims in any other bankruptcy case relating to the abuse or wrongful conduct described in this claim?

☐ Yes ☐ No (If “Yes,” attach a copy of any completed claim form.)

If “Yes,” which case(s): \_\_\_\_\_

- b. Prior Non-Bankruptcy Claims: Have you, or has anyone on your behalf, asserted or filed any claim or lawsuit seeking damages for the abuse or wrongful conduct described in this claim?

☐ Yes ☐ No (If “Yes,” attach a copy of any completed claim form, and, if a lawsuit was filed, a copy of the complaint if not already attached as directed in Part 3.)

Please also describe the resolution of such claim (including whether such claim was settled, released, dismissed, or otherwise adjudicated or resolved).

If you previously filed a lawsuit, did you file a certificate of merit as required by California Code of Civil Procedure § 340.1?

☐ Yes ☐ No

- c. Settlements: Regardless of whether a complaint was ever filed against any party because of any abuse or wrongful conduct as described in this claim, have you settled any claim relating to abuse described in this claim?

☐ Yes ☐ No (If “Yes,” please describe, including parties to the settlement and any payments received. Attach a copy of any settlement agreement.)

\_\_\_\_\_  
\_\_\_\_\_

If “Yes,” which case(s): \_\_\_\_\_

- d. Payments: Regardless of whether you entered into any settlement, did you ever receive any payment from the Archdiocese or any other person or entity because of any abuse against you.

☐ Yes ☐ No (If “Yes,” please describe who paid you, when they paid you, and how much they paid you.)

\_\_\_\_\_  
\_\_\_\_\_

- e. Bankruptcy: Have you ever filed bankruptcy? ☐ Yes ☐ No (If “Yes,” please provide the following information:

Name of Case: \_\_\_\_\_ Court: \_\_\_\_\_

Date filed: \_\_\_\_\_ Case No. \_\_\_\_\_

Chapter:    7        11        12        13        Name of Trustee: \_\_\_\_\_

**Sign and print your name. If you are signing the claim on behalf of another person or an estate, print your title.**

**Under penalty of perjury, I declare the foregoing statements to be true and correct.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

(Relationship of signer to party on behalf of whom claim is being made, such as parent, family member, guardian, custodian, attorney, executor of estate)

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to five years, or both. 18 U.S.C. §§ 152 and 3571.

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**Exhibit 3-A**

(Blackline of Revised Form of Proposed Survivor Claim Form Compared Against  
Proposed Survivor Claim Form [Ex. 3 to Motion])



UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

In re:	Case No. 23-30564
THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO,	Chapter 11
Debtor and Debtor In Possession.	<b><u>INSTRUCTIONS TO CONFIDENTIAL SURVIVOR PROOF OF CLAIM AND OPTIONAL CONFIDENTIAL SURVIVOR SUPPLEMENT</u></b>

**IMPORTANT:**

**PLEASE COMPLETE THIS FORM SO THAT IT IS RECEIVED NO LATER THAN ~~JANUARY 12~~  
FEBRUARY 20, 2024 ("BAR DATE")**

**PLEASE DO NOT FILE THIS DOCUMENT WITH,  
OR SUBMIT IT TO, THE BANKRUPTCY COURT**

This Confidential Survivor Proof of Claim has two separate components: (1) a mandatory three-page "Official Form 410" attached hereto ("Proof of Claim"), and (2) ~~a voluntary~~ an optional Confidential Survivor Supplement, also attached hereto ("Supplement"). When submitting your Proof of Claim in this case, you are also strongly encouraged also to complete the Supplement, and include it as an attachment to your Proof of Claim. Submitting the completed Supplement at the outset will help streamline the process of identifying claims and all applicable insurance and expedite distributions to creditors. Filling out this Supplement in full will allow the Debtor and the Committee to understand the facts supporting your sexual abuse claim against the Debtor. This information will be used by the Debtor and the Committee in, among other things, their efforts to consensually resolve the issues in this chapter 11 case. Additionally, providing the information requested in this Supplement may reduce the likelihood that the parties to the bankruptcy case will need to seek more information from you through a deposition, written interrogatories, or other methods of discovery.

Please carefully read the Notice and Instructions that are included with this Confidential Survivor Proof of Claim and respond to all applicable questions to the best of your ability. If you have an attorney, you should complete this form with the assistance of counsel. Send a signed original of the completed Survivor Proof of Claim ~~and one copy~~ as follows: If by **mail, hand delivery, or overnight courier**, to: The Roman Catholic Archbishop of San Francisco, c/o Omni Agent Solutions, 5955 De Soto Ave., Suite 100, Woodland Hills, CA 91367, or you may submit a claim **electronically** at:

<https://omniagentsolutions.com/RCASF-SurvivorClaims>.

The Confidential Survivor Proof of Claim form must be mailed, delivered or electronically submitted to Omni Agent Solutions Inc. ("**Omni**") so that it is received no later than ~~January 12~~ February 20, 2024. Please note that a Survivor Proof of Claim Form submitted by facsimile, telecopy or electronic mail transmission will not be accepted and will not be deemed filed.

**FAILURE TO COMPLETE AND RETURN A PROOF OF CLAIM MAY RESULT IN YOUR INABILITY  
TO ~~VOTE ON A PLAN OF REORGANIZATION~~ AND RECEIVE A DISTRIBUTION FROM THE**

ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO AKA THE ARCHDIOCESE OF SAN FRANCISCO, REFERRED TO HERE AS THE “RCASF” ARCHDIOCESE” AND VOTE ON A PLAN OF REORGANIZATION.

~~The failure to submit a completed Supplement with a Proof of Claim asserting a Survivor Claim may be a basis for an objection to such claim.~~

YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, AND OUTSIDE THE PUBLIC RECORD OF THE BANKRUPTCY COURT. HOWEVER, THIS CONFIDENTIAL SURVIVOR PROOF OF CLAIM AND THE INFORMATION IN THIS CONFIDENTIAL SURVIVOR PROOF OF CLAIM WILL BE PROVIDED TO THE DEBTOR, THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS, CERTAIN INSURERS OF THE ~~RCASF~~ARCHDIOCESE AND TO SUCH OTHER PERSONS AS THE BANKRUPTCY COURT DETERMINES NEED THE INFORMATION IN ORDER TO EVALUATE THE CLAIM, ONLY UNDER STRICT, COURT-APPROVED CONFIDENTIALITY GUIDELINES.

**This Confidential Survivor Proof of Claim is for Survivor Claimants Only.**

For the purposes of this Proof of Claim, a **Survivor Claim** is defined as any Claim (as defined in section 101(5) of the Bankruptcy Code) against ~~RCASF~~the Archdiocese resulting or arising or related to in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, grooming, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, intimidation, any other conduct constituting a sexual offense, or any other sexual misconduct, and seeking monetary damages or any other relief based upon the conduct described above, under any theory of liability, including, but not limited to, vicarious liability, any negligence-based theory, conspiracy, fraudulent concealment, intentional tort, continuing tort, public nuisance, invasion of privacy, breach of alleged duties imposed by The Charter for the Protection of Children and Young People, Canon Law or other Catholic Church documents or principles, contribution, indemnity, or any other theory based on any acts or failures to act by the ~~RCASF~~Archdiocese or any other person or entity for whose acts or failures to act the ~~RCASF~~Archdiocese is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, or volunteers. A Survivor Claim includes all claims for Childhood Sexual Assault, as that term is defined by California Code of Civil Procedure Section 340.1 (d).

~~For purposes of this Proof of Claim, a~~ A **Survivor Claimant** is defined as the person asserting a Survivor Claim against the ~~RCASF~~Archdiocese, or, if a minor or legally incapacitated adult, then his/her parent or legal guardian or custodian.

Finally, for the purposes of this Proof of Claim, Abuse means conduct giving rise to a Survivor Claim.

To be valid, the Confidential Survivor Proof of Claim must be signed by you or your attorney (if represented by one). If the Survivor Claimant is deceased or incapacitated, the Confidential Survivor Proof of Claim may be signed by the Survivor Claimant’s representative, executor of the estate or the attorney for the estate. If the Survivor Claimant is a minor or legally incapacitated, the Confidential Survivor Proof of Claim may be signed by the Survivor Claimant’s parent or legal guardian or legal custodian, or the Survivor Claimant’s attorney.

If you need more space to answer any of the below questions, please attach additional sheets of paper and indicate to which question your answer applies.

Debtor 1 The Roman Catholic Archbishop of San Francisco

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of California

Case number 23-30564

**PLEASE DO NOT FILE THIS DOCUMENT WITH, OR SUBMIT IT TO, THE  
BANKRUPTCY COURT**

**Official Form 410**

**Confidential Survivor Proof of Claim**  
**(For Use by Survivor Claimants to Assert Survivor Claims)**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Identify the Claim**

**1. Who is the current creditor?**

\_\_\_\_\_  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

**2. Has this claim been acquired from someone else?**

☐ No

☐ Yes. From whom? \_\_\_\_\_

**3. Where should notices and payments to the creditor be sent?**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

**Where should notices to the creditor be sent?**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Contact phone

\_\_\_\_\_  
Contact email

**Where should payments to the creditor be sent? (if different)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Contact phone

\_\_\_\_\_  
Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

\_\_\_\_\_

**4. Does this claim amend one already filed?**

☐ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if  
anyone else has filed  
a proof of claim for  
this claim?

☐  
☐

No

Yes. Who made the earlier filing?

\_\_\_\_\_

**Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ \_\_\_\_\_ Does this amount include interest or other charges?  
☐ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.
- \_\_\_\_\_

9. Is all or part of the claim secured? ☐ No  
☐ Yes. The claim is secured by a lien on property.
- Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_
- Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_
- Annual Interest Rate** (when case was filed) \_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☐ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☐ No  
☐ Yes. Identify the property: \_\_\_\_\_

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

**Amount entitled to priority**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

**Print the name of the person who is completing and signing this claim:**

Name  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address  
Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA  
~~Confidential Survivor Supplement~~ SAN FRANCISCO DIVISION

In re:

THE ROMAN CATHOLIC ARCHBISHOP OF  
SAN FRANCISCO,

Debtor and  
Debtor In Possession.

Case No. 23-30564

Chapter 11

**OPTIONAL CONFIDENTIAL SURVIVOR**  
**SUPPLEMENT TO OFFICIAL FORM 410**  
**FOR USE BY SURVIVOR CLAIMANTS TO**  
**ASSERT A SURVIVOR CLAIM**

**DO NOT FILE THIS DOCUMENT WITH THE COURT**

This supplement to Official Form 410 (“Supplement”) is not required to be filed in order for holders of Survivor Claims<sup>1</sup> to be deemed properly submitted. However, the Debtor recommends that any person asserting a Survivor Claim voluntarily complete this form in full and submit it with the Confidential Survivor Proof of Claim (designated “Official Form 410”). Completing this Supplement in full will allow the Debtor to understand the facts supporting your Survivor Claim against the Debtor. This information will be used by the Debtor, the Committee, and other parties in interest bound by strict confidentiality agreements in, among other things, their efforts to consensually resolve the issues in this Bankruptcy Case. Additionally, providing the information requested in this Supplement may reduce the likelihood that parties to the Bankruptcy Case will need to seek more information from you at some later date under more formal procedures (e.g., deposition, written interrogatories, or other methods of discovery).

**PART 1: CONFIDENTIALITY**

The information you share will be kept strictly confidential. This form and the information in it may be provided, pursuant to confidentiality procedures approved by the Bankruptcy Court, to the ~~RCASF~~ Archdiocese, certain insurers of the ~~RCASF~~ Archdiocese, the Official Committee of Unsecured Creditors, the United States Trustee, and to such other persons as the Bankruptcy Court may authorize. Please be assured that these parties have agreed and are required to keep your information strictly confidential.

<sup>1</sup> Capitalized terms not defined in this Supplement shall have the same meanings given to them in the Instructions to Confidential Survivor Proof of Claim and Confidential Survivor Supplement provided with this Supplement.

## **PART 2: IDENTIFYING INFORMATION**

### **A. Survivor Claimant**

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First Name	Middle Initial	Last Name	Suffix
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Address (If party is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim. If you are in jail or prison, your current address).

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City	State/Prov.	Zip Code (Postal Code)	Country (if other than USA)
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Telephone No(s):  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

If you are in jail or prison, your identification number: \_\_\_\_\_

May we leave voicemails for you regarding your claim? ☐ Yes ☐ No

May we send confidential information to your email: ☐ Yes ☐ No

Birth Date: \_\_\_\_\_ ☒ Male ☒ Female

\_\_\_\_\_  
Month Day Year

Gender: \_\_\_\_\_

Any other name, or names, by which the Claimant has been known: \_\_\_\_\_



**B. Survivor Claimant's Attorney (if any):**

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Law Firm Name

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Attorney's First Name

Middle Initial

Last Name

---

Street Address

---

City

State/Prov.

Zip Code (Postal Code)

Country

(If other than U.S.A.)

---

Telephone

Fax Number

Email Address

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**PART 3: NATURE OF COMPLAINT**

(Attach additional sheets if necessary)

**Note:** If you have previously filed a lawsuit against The Roman Catholic Archbishop of San Francisco, also known as Archdiocese of San Francisco ("~~RCASF~~Archdiocese") in state or federal court, you must attach the complaint. If you did not file a lawsuit, or if the complaint does not contain all of the information requested below, you may provide the information below.

~~For each of the questions listed below, please complete your answers to the best of your recollection.~~

~~• As to claims involving multiple perpetrators, this part must be answered separately as to any claimant alleging abuse by one or more RCASF affiliated perpetrators. Part 4 must be answered separately for each complaint related to separate RCASF affiliated perpetrators.~~

• Please fill out this Part 3 for each Archdiocese affiliated perpetrator.

- a. Who committed the acts of abuse or other wrongful conduct? Please identify the person by complete name(s) or other description of each abuser to the best of your recollection. If you do not know the name(s) of each abuser, please identify them by title, position or other description (for example, approximate age, height, weight, hair color, clothing worn, identifying marks, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



- b. ~~What is the position, title or relationship to you (if known) of the abuser or individual who committed these acts?~~ How did you know the abuser? For example, was the abuser at your church, school or part of another group with which you were involved? Was the abuser a relative or family friend?

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- c. If the abuser was affiliated with a church, parish, school, or Archdiocesan organization, please identify such church, parish, school or organization (please include City or neighborhood if possible).

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- ed. Where did the ~~Abuse or other~~abuse or wrongful conduct take place? Please be specific and complete allprovide relevant informationthat you know, including the City and State, name of the church, school or parish (if applicable) and/or the name of any other location(s)names of locations and addresses, to the extent you recall.

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- de. When did the ~~Abuse or other~~abuse or wrongful conduct take place? ( Please be as specific as possiblehere, providing exact datesor approximate date(s), age(s), grade levels,level(s), year(s), months and/or season of the year(spring, summer, fall, winter), ifto the extent you rememberrecall.)

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1. ~~If the Abuse or wrongful conduct took place over a period of time (months or years), please state when it first started and when it stopped. (Please be as specific as possible. If you can, please indicate the month and year. If you cannot recall the month, please try to recall the season (fall, winter, spring, summer), if you remember.)~~

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2f. How many times were you abused? If the ~~Abuse~~abuse or wrongful conduct took place more than once, please state how many times it occurred, ~~if~~when the abuse began, how often it occurred, and when it ended, to the extent you remember.

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3. ~~Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse or other wrongful conduct took place. (Please be as specific as possible and include what season of the school year (if applicable) was it (fall, winter, spring, summer), if you remember.)~~

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eg. Please ~~describe in as much detail as you can~~provide a detailed description of the nature of the abuse and what happened (for example, the circumstances, ~~approximate number of occurrences, frequency, duration,~~ and types of sexual abuse). (Please use additional pages and attach them to this Proof of Claim, if necessary):

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fh. Were there any witnesses to, or individuals aware of, the abuse? If so, please identify the witnesses and individuals, and their present location, if known.

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g. ~~Are there any other individuals whom you believe knew about the abuse and/or would be able to corroborate the abuse, including persons at the RCASF? If so, what are their names?~~

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hi. ~~Did~~Have you ~~tell~~told anyone about the ~~Abuse or other~~abuse or wrongful conduct, even if not in its entirety? If so, who did you tell, when and what did you tell that person (this would include parents; relatives; friends; the ~~RCASF~~Archdiocese; counselors; and law enforcement authorities)? You do not need to disclose any communications you had with your attorney.

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i. ~~If subsequent wrongful conduct by the RCASF or its employees or officials caused you further trauma directly or indirectly related to the abuse state:~~

j. Do you have personal knowledge or reason to believe that the Archdiocese knew or should have known of the abuse? If so, describe how and when the Archdiocese learned of the abuse and details concerning what the Archdiocese was told or observed.

~~1. When the conduct occurred.~~

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~~2. What happened (describe what happened).~~

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3. ~~If known, identify by name, title, position, and/or relationship to you any individual involved in the conduct.~~



**PART 4: IMPACT OF ABUSE**

(Attach additional sheets if necessary)

*Where more than one perpetrator is alleged, please answer the questions separately as to each perpetrator.*

- a. Please describe in detail, ~~being as specific as you can,~~ what injuries (including physical, mental and/or emotional) have occurred to you because of the act or acts of ~~Abuse~~abuse or other wrongful conduct that resulted in the claim (for example, the effect on your education, employment, personal relationships, health, and any physical injuries)?

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- b. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

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### **PART 5: ADDITIONAL INFORMATION**

- a. Prior Bankruptcy Claims: Have you, or has anyone on your behalf, filed any claims in any other bankruptcy case relating to the abuse [or wrongful conduct](#) described in this claim?

☐ Yes ☐ No (If “Yes,” ~~you are required to~~ attach a copy of any completed claim form.)

If “Yes,” which case(s): \_\_\_\_\_

- b. Prior Non-Bankruptcy Claims: Have you, or has anyone on your behalf, asserted or filed any claim or lawsuit seeking damages for the abuse [or wrongful conduct](#) described in this claim?

☐ Yes ☐ No (If “Yes,” ~~you are required to~~ attach a copy of any completed claim form, and, if a lawsuit was filed, a copy of the complaint [if not already attached as directed in Part 3.](#))

Please also describe the resolution of such claim (including whether such claim was settled, released, dismissed, or otherwise adjudicated or resolved).

If you previously filed a lawsuit, did you file a certificate of merit as required by California Code of Civil Procedure § 340.1?

☐ Yes ☐ No

- c. Settlements: Regardless of whether a complaint was ever filed against any party because of any abuse or wrongful conduct as described in this claim, have you settled any claim relating to abuse described in this claim?

☐ Yes ☐ No (If "Yes," please describe, including parties to the settlement and any payments received. ~~You are required to attach~~ Attach a copy of any settlement agreement.)

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If "Yes," which case(s): \_\_\_\_\_

- d. Payments: Regardless of whether you entered into any settlement, did you ever receive any payment from the ~~RCASF~~ Archdiocese or any other person or entity because of any abuse against you.

☐ Yes ☐ No (If "Yes," please describe who paid you, when they paid you, and how much they paid you.)

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- e. Bankruptcy: Have you ever filed bankruptcy? ☐ Yes ☐ No (If “Yes,” please provide the following information:

Name of Case: \_\_\_\_\_ Court: \_\_\_\_\_

Date filed: \_\_\_\_\_ Case No. \_\_\_\_\_

Chapter:     7        11        12        13     Name of Trustee: \_\_\_\_\_

Sign and print your name. If you are signing the claim on behalf of ~~a minor~~ another person or an estate ~~of a Survivor Claimant who is deceased or incapacitated~~, print your title.

Under penalty of perjury, I declare the foregoing statements to be true and correct.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

(Relationship of signer to party on behalf of whom claim is being made, such as parent, family member, guardian, custodian, attorney, executor of estate)

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to five years, or both. 18 U.S.C. §§ 152 and 3571.

<b>Summary report:</b> <b>Litera Compare for Word 11.4.0.111 Document comparison done on</b> <b>11/8/2023 2:57:39 PM</b>	
<b>Style name:</b> SMRH Standard	
<b>Intelligent Table Comparison:</b> Active	
<b>Original DMS:</b> nd://4879-4650-0737/6/RCASF - Claims Procedures Motion Ex. 3 (Instructions to Survivor Proof of Claim and Survey).docx	
<b>Modified DMS:</b> nd://4879-4650-0737/8/RCASF - Claims Procedures Motion Ex. 3 (Instructions to Survivor Proof of Claim and Survey).docx	
<b>Changes:</b>	
Add	95
Delete	86
Move From	3
Move To	3
Table Insert	1
Table Delete	1
Table moves to	0
Table moves from	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
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**Exhibit 4**  
(Revised Form of Proposed Survivor Bar Date Notice)

1 PAUL J. PASCUZZI, State Bar No. 148810  
JASON E. RIOS, State Bar No. 190086  
2 THOMAS R. PHINNEY, State Bar No. 159435  
FELDERSTEIN FITZGERALD  
3 WILLOUGHBY PASCUZZI & RIOS LLP  
500 Capitol Mall, Suite 2250  
4 Sacramento, CA 95814  
Telephone: (916) 329-7400  
5 Facsimile: (916) 329-7435  
Email: ppascuzzi@ffwplaw.com  
6 jrios@ffwplaw.com  
tphinney@ffwplaw.com  
7

8 ORI KATZ, State Bar No. 209561  
ALAN H. MARTIN, State Bar No. 132301  
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP  
9 A Limited Liability Partnership  
Including Professional Corporations  
10 Four Embarcadero Center, 17<sup>th</sup> Floor  
San Francisco, California 94111-4109  
11 Telephone: (415) 434-9100  
Facsimile: (415) 434-3947  
12 Email: okatz@sheppardmullin.com  
amartin@sheppardmullin.com  
13

14 Attorneys for The Roman Catholic Archbishop of  
San Francisco

15 UNITED STATES BANKRUPTCY COURT

16 NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

17 In re

Case No. 23-30564

18 THE ROMAN CATHOLIC ARCHBISHOP  
OF SAN FRANCISCO,

Chapter 11

19 Debtor and  
20 Debtor in Possession.

**NOTICE OF DEADLINE FOR FILING  
CLAIMS RELATING TO OR ARISING  
FROM ABUSE**

22 **TO ALL PERSONS AND ENTITIES WITH CLAIMS ARISING FROM ABUSE FOR  
23 WHICH THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO MAY BE  
24 LIABLE:**

25 **FEBRUARY 20, 2024 IS THE LAST DATE TO FILE PROOFS OF CLAIM FOR  
ABUSE.**

26 On August 21, 2023 (the "Petition Date") The Roman Catholic Archbishop of San Francisco  
27 aka the Archdiocese of San Francisco, debtor and debtor in possession ("Debtor" or "Archdiocese")  
in the above-captioned case (the "Bankruptcy Case") filed a voluntary petition for relief under  
chapter 11 of title 11 of the United States Code in the United States Bankruptcy Court for the  
28 Northern District of California (the "Court"). The Debtor, its address, case number, proof of claim

1 forms and other relevant information related to this Bankruptcy Case may be obtained at:  
2 <https://omniagentsolutions.com/RCASF>. Any person who believes that he or she has, or may have,  
3 a claim arising from abuse (described below) for which the person believes the Debtor may be liable  
(each a “Survivor Claim” and collectively, the “Survivor Claims”) should carefully read this notice.

4 For the purposes of proofs of claim filed against the Archdiocese by Survivor Claimant, a  
5 “Survivor Claim” is defined as: any Claim (as defined in section 101(5) of the Bankruptcy Code)  
6 against the Archdiocese resulting or arising or related to in whole or in part, directly or indirectly  
7 from any actual or alleged sexual conduct or misconduct, grooming, sexual abuse or molestation,  
8 indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical,  
9 psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and  
10 an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual  
11 psychological or emotional abuse, humiliation, intimidation, any other conduct constituting a sexual  
12 offense, or any other sexual misconduct, and seeking monetary damages or any other relief based  
13 upon the conduct described above, under any theory of liability, including, but not limited to,  
vicarious liability, any negligence-based theory, conspiracy, fraudulent concealment, intentional  
tort, continuing tort, public nuisance, invasion of privacy, breach of alleged duties imposed by The  
Charter for the Protection of Children and Young People, Canon Law or other Catholic Church  
documents or principles, contribution, indemnity, or any other theory based on any acts or failures  
to act by the Archdiocese or any other person or entity for whose acts or failures to act the  
Archdiocese is or was allegedly responsible, including but not limited to, claims against clergy,  
deacons, seminarians, employees, teachers, or volunteers. A Survivor Claim includes all claims for  
Childhood Sexual Assault, as that term is defined by California Code of Civil Procedure Section  
340.1 (d).

14 A “Survivor Claimant” is defined as the person asserting a Survivor Claim against the  
15 Archdiocese, or, if a minor or legally incapacitated adult, then his/her parent or legal guardian or  
custodian.

16 Finally, for the purposes of this Proof of Claim, “Abuse” means conduct giving rise to a  
Survivor Claim.

### 17 **FILING DEADLINE**

18 The United States Bankruptcy Court for the Northern District of California entered an order  
19 (the “Bar Date Order”) establishing February 20, 2024, as the last date (the “Survivor Bar Date”) for each Survivor Claimant to file a mandatory three-page “Official Form 410” (the “Survivor Claim Form”). The Survivor Bar Date and the procedures set forth below for filing proofs of claim apply  
20 to all Survivor Claims against the Debtor.

### 21 **WHO MUST FILE**

22 If you believe that you have a Survivor Claim, you must file a Survivor Claim Form to  
23 maintain and/or preserve any claims that you have against the Debtor. Even if you have already  
24 filed a lawsuit against the Debtor alleging abuse you must still file a Survivor Claim Form to  
maintain and/or preserve your rights in the Debtor’s chapter 11 case.

### 25 **WHAT TO FILE**

26 **FILE A SURVIVOR CLAIM FORM AND OPTIONAL SUPPLEMENT, COPIES OF WHICH ARE ENCLOSED. YOU MAY ALSO OBTAIN A COPY OF THE SURVIVOR CLAIM FORM AND OPTIONAL SUPPLEMENT BY FOLLOWING THE INSTRUCTIONS BELOW. ALL SURVIVOR CLAIM FORMS AND OPTIONAL SUPPLEMENTS FILED BY A SURVIVOR CLAIMANT WILL BE KEPT STRICTLY CONFIDENTIAL AS DESCRIBED BELOW.**



## **PROCEDURES FOR FILING A SURVIVOR CLAIM FORM**

To file a Survivor Claim Form:

- Fill out the confidential Survivor Claim Form, and if you so choose, the optional Supplement. A copy of each is provided with this Survivor Claims Bar Date Notice, and can also be obtained here: <https://omniagentsolutions.com/RCASF-SurvivorClaims>
- Survivor Claimants are strongly encouraged to complete and submit the optional Supplement to the Survivor Claim Form. Completing this Supplement in full will allow the Debtor to understand the facts supporting your Survivor Claim against the Debtor. This information will be used by the Debtor, the Committee, and other parties in interest bound by strict confidentiality agreements in, among other things, their efforts to consensually resolve the issues in this Bankruptcy Case. Additionally, providing the information requested in the Supplement may reduce the likelihood that parties to the Bankruptcy Case will need to seek more information from you at some later date under more formal procedures (e.g., deposition, written interrogatories, or other methods of discovery).
- For additional copies of the confidential Survivor Claim Form or Supplement: (a) photocopy the confidential Survivor Claim Form or Supplement; or (b) contact the Debtor's claims agent Omni Agent Solutions, Inc. via email at [RCASFInquiries@omniagnt.com](mailto:RCASFInquiries@omniagnt.com) or by phone at 888-480-6507 (U.S. and Canada toll free) or 747-293-0084 (International), between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Pacific Time), Monday through Friday, or (c) visit the website at: <https://omniagentsolutions.com/RCASF-SurvivorClaims>.
- **Please note that the Debtor's staff is not permitted to give legal advice. You should consult your own attorney for assistance regarding any other inquiries, such as questions concerning the completion or filing of a proof of claim.**
- Return the original completed Survivor Claim Form and Supplement (if submitting) **so as to be received** by **February 20, 2024**, as follows:

**If Survivor Claim Form is sent by mail, hand delivery, or overnight courier:**

The Roman Catholic Archbishop of San Francisco  
c/o Omni Agent Solutions  
5955 De Soto Ave., Suite 100  
Woodland Hills, CA 91367

**Or electronically at:** <https://omniagentsolutions.com/RCASF-SurvivorClaims>

- **Do not file** the Survivor Claim Form or the optional Supplement with the Bankruptcy Court.
- Survivor Claim Forms will be deemed timely filed only if they are received by Omni Agent Solutions, Inc. by **February 20, 2024**.
- Please note that a Survivor Claim Form or Supplement submitted by facsimile, telecopy or electronic mail transmission will not be accepted and will not be deemed filed.

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**Exhibit 4-A**

(Blackline of Revised Form of Survivor Bar Date Notice Compared Against  
Proposed Survivor Bar Date Notice [Ex. 6 to Motion])

PAUL J. PASCUZZI, State Bar No. 148810  
JASON E. RIOS, State Bar No. 190086  
THOMAS R. PHINNEY, State Bar No. 159435  
FELDERSTEIN FITZGERALD  
WILLOUGHBY PASCUZZI & RIOS LLP  
500 Capitol Mall, Suite 2250  
Sacramento, CA 95814  
Telephone: (916) 329-7400  
Facsimile: (916) 329-7435  
Email: ppascuzzi@ffwplaw.com  
jrios@ffwplaw.com  
tphinney@ffwplaw.com

ORI KATZ, State Bar No. 209561  
ALAN H. MARTIN, State Bar No. 132301  
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP  
A Limited Liability Partnership  
Including Professional Corporations  
Four Embarcadero Center, 17<sup>th</sup> Floor  
San Francisco, California 94111-4109  
Telephone: (415) 434-9100  
Facsimile: (415) 434-3947  
Email: okatz@sheppardmullin.com  
amartin@sheppardmullin.com

Attorneys for The Roman Catholic Archbishop of  
San Francisco

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

In re

Case No. 23-30564

THE ROMAN CATHOLIC ARCHBISHOP  
OF SAN FRANCISCO,

Chapter 11

Debtor and  
Debtor in Possession.

**NOTICE OF DEADLINE FOR FILING  
CLAIMS RELATING TO OR ARISING  
FROM ABUSE**

**TO ALL PERSONS AND ENTITIES WITH CLAIMS ARISING FROM ABUSE  
FOR WHICH THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO MAY BE  
LIABLE:**

**~~JANUARY 12~~ FEBRUARY 20, 2024 IS THE LAST DATE TO FILE PROOFS OF  
CLAIM FOR ABUSE.**

On August 21, 2023 (the "Petition Date") The Roman Catholic Archbishop of San Francisco aka the Archdiocese of San Francisco, debtor and debtor in possession ("Debtor" or "RCASE Archdiocese") in the above-captioned case (the "Bankruptcy Case") filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code in the United States Bankruptcy Court for the Northern District of California (the "Court"). The Debtor, its address,

case number, proof of claim forms and other relevant information related to this Bankruptcy Case may be obtained at: <https://omniagentsolutions.com/RCASF>. Any person who believes that he or she has, or may have, a claim arising from abuse (described below) for which the person believes the Debtor may be liable (each a “Survivor Claim” and collectively, the “Survivor Claims”) should carefully read this notice.

For the purposes of ~~this proof~~ proofs of claim, ~~a~~ filed against the Archdiocese by Survivor Claimant, a “Survivor Claim” is defined as: any Claim (as defined in section 101(5) of the Bankruptcy Code) against ~~RCASF~~ the Archdiocese resulting or arising or related to in whole or in part, directly or indirectly from any actual or alleged sexual conduct or misconduct, grooming, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, psychological, or emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, intimidation, any other conduct constituting a sexual offense, or any other sexual misconduct, and seeking monetary damages or any other relief based upon the conduct described above, under any theory of liability, including, but not limited to, vicarious liability, any negligence-based theory, conspiracy, fraudulent concealment, intentional tort, continuing tort, public nuisance, invasion of privacy, breach of alleged duties imposed by The Charter for the Protection of Children and Young People, Canon Law or other Catholic Church documents or principles, contribution, indemnity, or any other theory based on any acts or failures to act by the ~~RCASF~~ Archdiocese or any other person or entity for whose acts or failures to act the ~~RCASF~~ Archdiocese is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, or volunteers. A Survivor Claim includes all claims for Childhood Sexual Assault, as that term is defined by California Code of Civil Procedure Section 340.1 (d).

A “Survivor Claimant” is defined as the person asserting a Survivor Claim against the Archdiocese, or, if a minor or legally incapacitated adult, then his/her parent or legal guardian or custodian.

Finally, for the purposes of this Proof of Claim, “Abuse” means conduct giving rise to a Survivor Claim.

### **FILING DEADLINE**

The United States Bankruptcy Court for the Northern District of California entered an order (the “Bar Date Order”) establishing ~~January 12~~ February 20, 2024, as the last date (the “Survivor Bar Date”) for each Survivor Claimant to file a ~~proof of claim form (the “mandatory three-page “Official Form 410” (the “Survivor Claim Form”)).~~ The Survivor Bar Date and the procedures set forth below for filing proofs of claim apply to all Survivor Claims against the Debtor.

### **WHO MUST FILE**

If you believe that you have a Survivor Claim, you must file a Survivor Claim Form to maintain and/or preserve any claims that you have against the Debtor. Even if you have already filed a lawsuit against the Debtor alleging abuse you must still file a Survivor Claim Form to maintain and/or preserve your rights in the Debtor’s chapter 11 case.

### **WHAT TO FILE**

**FILE A ~~CONFIDENTIAL~~ SURVIVOR CLAIM FORM AND ~~VOLUNTARY CONFIDENTIAL SURVIVOR~~ OPTIONAL SUPPLEMENT, COPIES OF WHICH ARE ENCLOSED. YOU MAY ALSO OBTAIN A COPY OF THE SURVIVOR CLAIM FORM AND OPTIONAL SUPPLEMENT BY FOLLOWING THE INSTRUCTIONS BELOW.**

**ALL SURVIVOR CLAIM FORMS AND OPTIONAL SUPPLEMENTS FILED BY A SURVIVOR CLAIMANT WILL BE KEPT STRICTLY CONFIDENTIAL AS DESCRIBED BELOW.**

**PROCEDURES FOR FILING A SURVIVOR CLAIM FORM**

To file a Survivor Claim Form:

- Fill out the confidential Survivor Claim Form, and if you so choose, the ~~voluntary Confidential Survivor~~optional Supplement. A copy of each is provided with this Survivor Claims Bar Date Notice, and can also be obtained here: <https://omniagentsolutions.com/RCASF-SurvivorClaims>
- Survivor ~~claimants~~Claimants are strongly encouraged to complete and submit the ~~Confidential Survivor~~optional Supplement. ~~The failure to submit a completed Confidential Survivor Supplement with any proof of claim asserting a Survivor Claim may be a basis for an objection to such claim.~~ to the Survivor Claim Form. Completing this Supplement in full will allow the Debtor to understand the facts supporting your Survivor Claim against the Debtor. This information will be used by the Debtor, the Committee, and other parties in interest bound by strict confidentiality agreements in, among other things, their efforts to consensually resolve the issues in this Bankruptcy Case. Additionally, providing the information requested in the Supplement may reduce the likelihood that parties to the Bankruptcy Case will need to seek more information from you at some later date under more formal procedures (e.g., deposition, written interrogatories, or other methods of discovery).
- For additional copies of the confidential Survivor Claim Form or Supplement: (a) photocopy the confidential Survivor Claim Form or Supplement; or (b) contact the Debtor's claims agent Omni Agent Solutions, Inc. via email at [RCASFInquiries@omniagnt.com](mailto:RCASFInquiries@omniagnt.com) or by phone at 888-480-6507 (U.S. and Canada toll free) or 747-293-0084 (International), between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Pacific Time), Monday through Friday, or (c) visit the website at: <https://omniagentsolutions.com/RCASF-SurvivorClaims>.
- **Please note that the Debtor's staff is not permitted to give legal advice. You should consult your own attorney for assistance regarding any other inquiries, such as questions concerning the completion or filing of a proof of claim.**
- Return the original completed Survivor Claim Form and Supplement (if submitting) so as to be received by ~~January 12~~February 20, 2024, as follows:

**If Survivor Claim Form is sent by mail, hand delivery, or overnight courier:**

The Roman Catholic Archbishop of San Francisco  
c/o Omni Agent Solutions  
5955 De Soto Ave., Suite 100  
Woodland Hills, CA 91367

**Or electronically at: <https://omniagentsolutions.com/RCASF-SurvivorClaims>**

- **Do not file** the Survivor Claim Form or the optional Supplement with the Bankruptcy Court.
- Survivor Claim Forms will be deemed timely filed only if they are received by Omni Agent Solutions, Inc. by ~~January 12~~February 20, 2024.

- 1           • Please note that a Survivor Claim Form or Supplement submitted by facsimile,  
2 telecopy or electronic mail transmission will not be accepted and will not be  
3 deemed filed.

4                                   **CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM**

5           The deadline for filing a Survivor Claim Form is ~~January 12~~February 20, 2024. Any  
6 person who has a Survivor Claim and does not file a Survivor Claim Form by that date may  
7 not be treated as a creditor for voting or distribution purposes under any plan of  
8 reorganization and such claim will be subject to discharge. Failure to file a Survivor Claim  
9 Form may prevent such person from voting on any plan of reorganization in this case.  
Further, if such Survivor Claim is discharged, the Survivor Claimant may be forever barred  
and prevented from asserting his or her Survivor Claim against the Debtor or its property,  
and may not receive any payment or distribution in connection with such Survivor Claim.

10                                   **CONFIDENTIALITY**

11           Pursuant to the Bar Date Order, filed Survivor Claim ~~Forms and the Confidential~~  
12 ~~Survivor~~Form and the optional Supplement thereto will remain confidential in this bankruptcy  
13 case. Therefore, the Survivor Claim Form and ~~Confidential Survivor~~optional Supplement thereto  
14 that you file will not be available to the general public, but will be kept confidential, except that as  
15 specified by court order information will be provided to the Debtor, the Debtor's attorneys, the  
United States Trustee's Office for the Northern District of California, the Debtor's insurers,  
attorneys for the official committee of unsecured creditors and its members, any unknown claims  
representative appointed under a plan of reorganization, any settlement trustee appointed to  
administer payments to Survivor Claimants, and such other persons as the Court determines  
should have the information in order to evaluate the Survivor Claim, all of whom will agree to  
keep the information provided by you confidential.

16 Dated: ~~October~~November \_\_, 2023

17                                   FELDERSTEIN FITZGERALD WILLOUGHBY  
18                                   PASCUZZI & RIOS LLP

19                                   By

20                                   \_\_\_\_\_  
21                                   PAUL J. PASCUZZI  
22                                   JASON E. RIOS  
23                                   THOMAS R. PHINNEY  
24                                   Attorneys for The Roman Catholic  
25                                   Archbishop of San Francisco

26 Dated: ~~October~~November \_\_, 2023

27                                   SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

28                                   By

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ORI KATZ  
ALAN H. MARTIN

Attorneys for The Roman Catholic  
Archbishop of San Francisco



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**Exhibit 5**  
(Revised Form of Proposed Confidentiality Agreement)

Exhibit 5  
(Proposed Confidentiality Agreement)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

In re

THE ROMAN CATHOLIC ARCHBISHOP  
OF SAN FRANCISCO,

Debtor and  
Debtor in Possession.

Case No. 23-30564

Chapter 11

**CLAIMS CONFIDENTIALITY  
AGREEMENT**

This Agreement (“Agreement”) is entered into as of \_\_\_\_\_.

The undersigned (the “Recipient”) is a Permitted Party pursuant to the Order Fixing Time for Filing Proofs of Claims; Approving Proof of Claim Forms; Providing Confidentiality Protocols; and Approving Form and Manner of Notice (the “Order”) [Docket No. \_\_\_\_] on \_\_\_\_\_, 2023 by the United States Bankruptcy Court for the Northern District of California (the “Court”) in Case No. 23-30564, In Re: The Roman Catholic Archbishop of San Francisco (the “Case”).

**WHEREAS**, the Recipient requests access to Confidential Survivor Proof of Claim Forms<sup>1</sup> filed in the Case after execution of this Agreement pursuant to and in accordance with the terms of the Order;

**WHEREAS**, Recipient agrees to keep the information provided in any and all Confidential Survivor Proof of Claim Forms confidential pursuant to and in accordance with the terms of the Order and this Agreement; and

<sup>1</sup> Capitalized terms used but not defined herein shall have the meaning and definitions ascribed to them in the Order.

1       **WHEREAS**, with the exception of the parties identified in paragraph 16(e) of the Order,  
2 access to the Confidential Survivor Proof of Claim Forms extends only to the natural person who  
3 executes this Agreement. A separate confidentiality agreement must be signed by each natural  
4 person who seeks access to the Confidential Survivor Proof of Claim Forms on behalf of a  
5 Permitted Party.

6       **NOW, THEREFORE, IT IS AGREED AS FOLLOWS:**

7               1.       Recipient agrees to keep the information provided in the Confidential  
8 Survivor Proof of Claim Forms confidential pursuant to and in accordance with the terms of  
9 the Order;

10              2.       Recipient agrees to not distribute any Confidential Survivor Proof of Claim  
11 Forms or information provided in the Proof of Claim Forms in violation of the  
12 Confidentiality Protocols in the Order.

13              3.       Recipient agrees that only the natural person who executes this Agreement  
14 will have access to the Confidential Survivor Proof of Claim Forms unless Recipient is a  
15 Permitted Party pursuant to paragraph 16(e) of the Order.

16              4.       Recipient will only communicate information from the Confidential Survivor  
17 Proof of Claim Forms with other Permitted Parties who have executed a confidentiality  
18 agreement pursuant to the Order.

19              5.       Recipient consents to the jurisdiction of the Court to adjudicate any violation  
20 of this Agreement or the Order.

21              6.       Recipient shall report any disclosure of information from a confidential  
22 Survivor Claim to the Debtor and any appointed Committee within seven days of becoming  
23 aware of such disclosure, and shall cooperate with efforts to recover the information and/or  
24 mitigate the effects of the disclosure.

25       Dated: \_\_\_\_\_, 2023.

26       Signature: \_\_\_\_\_

27       Print Name: \_\_\_\_\_

28       Name of Party Represented (if any): \_\_\_\_\_

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**Exhibit 5-A**

(Blackline of Revised Form of Proposed Confidentiality Agreement Compared Against  
Proposed Confidentiality Agreement [Ex. 4 to Motion])

Exhibit 5  
(Proposed Confidentiality Agreement)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

In re

THE ROMAN CATHOLIC ARCHBISHOP  
OF SAN FRANCISCO,

Debtor and  
Debtor in Possession.

Case No. 23-30564

Chapter 11

**CLAIMS CONFIDENTIALITY  
AGREEMENT**

This Agreement (“Agreement”) is entered into as of \_\_\_\_\_.

The undersigned (the “Recipient”) is a Permitted Party pursuant to the Order Fixing Time for Filing Proofs of Claims; Approving Proof of Claim Forms; Providing Confidentiality Protocols; and Approving Form and Manner of Notice (the “Order”) [Docket No. \_\_\_\_] on \_\_\_\_\_, 2023 by the United States Bankruptcy Court for the Northern District of California (the “Court”) in Case No. 23-30564, In Re: The Roman Catholic Archbishop of San Francisco (the “Case”).

**WHEREAS**, the Recipient requests access to ~~confidential~~Confidential Survivor Proof of Claim Forms<sup>1</sup> filed in the Case after execution of this Agreement pursuant to and in accordance with the terms of the Order;

**WHEREAS**, Recipient agrees to keep the information provided in any and all Confidential Survivor Proof of Claim Forms confidential pursuant to and in accordance with the terms of the Order and this Agreement; and

<sup>1</sup> Capitalized terms used but not defined herein shall have the meaning and definitions ascribed to them in the Order.

1       **WHEREAS**, with the exception of the parties identified in paragraph ~~15~~16(~~e~~) of the  
2 Order, access to the Confidential Survivor Proof of Claim Forms extends only to the natural  
3 person who executes this Agreement. A separate ~~confidentially~~confidentiality agreement must be  
4 signed by each natural person who seeks access to the Confidential Survivor Proof of Claim  
5 Forms on behalf of a Permitted Party.

6       **NOW, THEREFORE, IT IS AGREED AS FOLLOWS:**

7           1.       Recipient agrees to keep the information provided in the Confidential  
8 Survivor Proof of Claim Forms confidential pursuant to and in accordance with the terms  
9 of the Order;

10          2.       Recipient agrees to not distribute any Confidential Survivor Proof of Claim  
11 Forms or information provided in the Proof of Claim Forms in violation of the  
12 Confidentiality Protocols in the Order.

13          3.       Recipient agrees that only the natural person who executes this Agreement  
14 will have access to the Confidential Survivor Proof of Claim Forms unless Recipient is a  
15 Permitted Party pursuant to paragraph ~~15~~16(~~e~~) of the Order.

16          4.       Recipient will only communicate information from the  
17 ~~confidential~~Confidential Survivor Proof of Claim Forms with other Permitted Parties who  
18 have executed a confidentiality agreement pursuant to the Order.

19          5.       Recipient consents to the jurisdiction of the Court to adjudicate any  
20 violation of this Agreement or the Order.

21          6.       Recipient shall ~~promptly~~ report any disclosure of information from a  
22 confidential Survivor Claim to the Debtor and any appointed Committee within seven days  
23 of becoming aware of such disclosure, and shall cooperate with efforts to recover the  
24 information and/or mitigate the effects of the disclosure.

25 Dated: \_\_\_\_\_, 2023.

26 Signature: \_\_\_\_\_

27 Print Name: \_\_\_\_\_

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1 Name of Party Represented (if any): \_\_\_\_\_  
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**Exhibit 6**  
(Revised Form of Proposed Publication Notice)

Exhibit 6

(Proposed Publication Notice)

**U.S. BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION**

**In re: The Roman Catholic Archbishop of San Francisco, Case No. 23-30564**

**Notice of Deadline for Filing Claims: February 20, 2024**

**YOU MAY HAVE A SEXUAL ABUSE CLAIM OR OTHER CLAIM  
AGAINST THE ARCHDIOCESE OF SAN FRANCISCO**

On August 21, 2023, The Roman Catholic Archbishop of San Francisco, a California corporation sole, aka Archdiocese of San Francisco (the “Debtor”), filed for protection under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”).

**If you were sexually abused by any person connected with the Debtor, you must file a claim so as to be received by February 20, 2024, or otherwise you will be forever barred, estopped, and enjoined from asserting such claim against the Debtor.**

**Claims based on acts or omissions of the Debtor that occurred before August 21, 2023, must be filed on or before February 20, 2023, even if such claims are not now fixed, liquidated, or certain or did not mature or become fixed, liquidated, or certain before August 21, 2023.**

For more information on how to obtain and file a proof of claim form and associated documents, please visit [www.omniagentsolutions.com/RCASF](http://www.omniagentsolutions.com/RCASF), or contact Omni Agent Solutions, Inc., the Debtor’s claims agent via email at [RCASFinquiries@omniagnt.com](mailto:RCASFinquiries@omniagnt.com) or by phone at 888-480-6507 (U.S. and Canada toll free) or 747-293-0084 (International), between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Pacific Time), Monday through Friday.

**\*\*If you have questions about the bankruptcy case filed by the Archdiocese of San Francisco, please also visit the website at <https://sfarch.org> and follow the links for Chapter 11 Filing\*\***



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**Exhibit 6-A**

(Blackline of Revised Form of Proposed Publication Notice Compared Against  
Proposed Publication Notice [Ex. 7 to Motion])

Exhibit 6

(Proposed Publication Notice)

**U.S. BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION**

**In re: The Roman Catholic Archbishop of San Francisco, Case No. 23-30564**

**Notice of Deadline for Filing Claims: ~~January 12~~February 20, 2024**

**YOU MAY HAVE A SEXUAL ABUSE CLAIM OR OTHER CLAIM  
AGAINST THE ARCHDIOCESE OF SAN FRANCISCO**

On August 21, 2023, The Roman Catholic ~~Bishop~~Archbishop of San Francisco, a California corporation sole, aka Archdiocese of San Francisco, ~~(the~~ “Debtor”), filed for protection under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”).

**If you were sexually abused by any person connected with the Debtor, you must file a claim so as to be received by ~~January 12~~February 20, 2024, or otherwise you will be forever barred, estopped, and enjoined from asserting such claim against the Debtor.**

**Claims based on acts or omissions of the Debtor that occurred before August 21, 2023, must be filed on or before ~~the applicable bar date~~February 20, 2023, even if such claims are not now fixed, liquidated, or certain or did not mature or become fixed, liquidated, or certain before August 21, 2023.**

For more information on how to obtain and file a proof of claim form and associated documents, please visit [www.omniagentsolutions.com/RCASF](http://www.omniagentsolutions.com/RCASF), or contact Omni Agent Solutions, Inc., the Debtor’s claims agent via email at [RCASFinquiries@omniagt.com](mailto:RCASFinquiries@omniagt.com) or by phone at 888-480-6507 (U.S. and Canada toll free) or 747-293-0084 (International), between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Pacific Time), Monday through Friday.

**\*\*If you have questions about the bankruptcy case filed by the Archdiocese of San Francisco, please also visit the website at <https://sfarch.org> and follow the links for Chapter 11 Filing\*\***







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